

## THE BUFFALO Medical and Surgical Journal.

### EDITORS:

THOS. LOTHROP, M. D.,

A. R. DAVIDSON, M. D.,

P. W. VAN PEYMA, M. D.,

HERMAN MYNTER, M. D.,

LUCIEN HOWE, M. D.

### CONTENTS:

|                                                                                                                               | PAGE. | SELECTIONS:                                                                             | PAGE. |
|-------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------------------------------------|-------|
| ORIGINAL COMMUNICATIONS:                                                                                                      |       | Bromide of Ethyl—the New Anæsthetic, . . .                                              | 353   |
| The Relation of Membranous Croup to Diphtheria, by J. O. Roe, M. D., . . .                                                    | 325   | Peculiarities of Ringworm and its Treatment, . . .                                      | 355   |
| CLINICAL REPORTS:                                                                                                             |       | Treatment of Asthma by Potassium Iodide, . . .                                          | 356   |
| Extra-Uterine Pregnancy: Death and Removal of Fœtus by Prof. J. P. White, M. D., reported by William D. Granger, M. D., . . . | 341   | Treatment of Whooping Cough by Atropia, by Arthur Wigglesworth, L. R. C. P., &c., . . . | 357   |
| Stricture Ilei, Laparo-enterotomy, reported by Herman Mynter, M. D., . . .                                                    | 347   | The Treatment of Phthisical Cough, . . .                                                | 360   |
| A Fracture Case. Service of Dr. C. C. F. Gay, reported by Dr. F. Peterson, . . .                                              | 351   | Balsam of Peru in Pruritis, . . .                                                       | 361   |
| TRANSLATIONS:                                                                                                                 |       | SOCIETY REPORTS:                                                                        |       |
| The Use of Iodide of Potassium and Calomel in Diseases of the Eye. Translated from the German by Lucien Howe, M. D., . . .    | 352   | Buffalo Medical Association, . . .                                                      | 361   |
|                                                                                                                               |       | EDITORIAL:                                                                              |       |
|                                                                                                                               |       | The University of Buffalo, . . .                                                        | 363   |
|                                                                                                                               |       | Vital Statistics of Buffalo, . . .                                                      | 365   |
|                                                                                                                               |       | The Thirty-third Commencement of the Buffalo Medical College, . . .                     | 366   |
|                                                                                                                               |       | Maltine, . . .                                                                          | 368   |
|                                                                                                                               |       | REVIEWS, . . .                                                                          | 369   |

### BUFFALO:

PUBLISHED BY THE MEDICAL JOURNAL ASSOCIATION.

Read the Notice of this Journal among the Advertisements.

Entered at the Post-Office at Buffalo, N. Y., as Second-Class Mail Matter.

POWELL & PLIMPTON,  
WHOLESALE DRUGGISTS

297, 299 and 301 Washington Street, BUFFALO, N. Y.

Offer to the trade a full line of

Pure Drugs, Chemicals, &c.,

Among which may be found the Standard Pharmaceutical Preparations of

**EDWARD R. SQUIBB, M. D.,**

Chemicals from the manufactories of

**POWERS & WEIGHTMAN,**

**CHARLES PFIZER & CO.,**

ELIXIRS, FLUID AND SOLID EXTRACTS,

And other PHARMACEUTICAL goods from

**CASWELL, HAZARD & CO.,**

**JOHN WYETH & BRO.,**

**BURROUGH BROTHERS.**

A complete assortment of

SUGAR & GELATINE COATED PILLS & GRANULES of the several LEADING MAKES.

Especial attention given to the selection of

PURE POWDERED DRUGS.

Our stock of

IMPORTED WINES and LIQUORS is not excelled in purity and age by any offered for medicinal purposes.

We are also sole proprietors and manufacturers of

*E. Harries' Baking Powder.*

To the Medical Profession.

# LACTOPEPTINE

The most important remedial agent ever presented to the Profession for Indigestion, Dyspepsia, Vomiting in Pregnancy, Cholera Infantum, Constipation, and all Diseases arising from Imperfect Nutrition, containing the five active agents of digestion, viz: Pepsin, Pancreatine, Diastase, or Veg. Ptyalin, Lactio and Hydrochloric Acids in combination with Sugar of Milk.

## FORMULA OF LACTOPEPTINE.

|                    |            |                               |                |
|--------------------|------------|-------------------------------|----------------|
| Sugar of Milk..... | 40 ounces. | Veg. Ptyalin or Diastase..... | 4 drachms.     |
| Pepsin.....        | 8 ounces.  | Lactic Acid.....              | 5 fl. drachms. |
| Pancreatine.....   | 6 ounces.  | Hydrochloric Acid.....        | 5 fl. drachms. |

**LACTOPEPTINE** owes its great success solely to the Medical profession, and is sold almost entirely by Physicians' Prescriptions. Its almost universal adoption by the profession, is the strongest guarantee we can give that its therapeutic value has been most thoroughly established.

The undersigned having tested LACTOPEPTINE, recommend it to the profession.

ALFRED L. LOOMIS, M. D.  
*Professor of Pathology and Practice of Medicine, University of the City of New York.*

SAMUEL R. PERCY, M. D.  
*Professor Materia Medica, New York Medical College.*

JAS. AITKEN MEIGS, M. D.,  
Philadelphia, Pa.  
Prof. of the Institutes of Med. and Med. Juris., Jeff. Medical College; Phy. to Penn. Hos.

W. W. DAWSON, M. D.,  
Cincinnati, Ohio.  
Prof. of Prin. and Prac. Surg., Med. Col. of Ohio; Surg. to Good Samaritan Hospital.

ALBERT F. A. KING, M. D.,  
Washington, D. C.  
Prof. of Obstetrics, University of Vermont.

D. W. VANDELL, M. D.,  
Prof. of the Science and Art of Surg. and Clinical Surg., University of Louisville, Ky.

L. P. VANDELL, M. D.,  
Prof. of Clinical Medicine, Diseases of Children, and Dermatology, University of Louisville, Ky.

ROBT. BATTEY, M. D.,  
Rome, Ga.  
Emeritus Prof. of Obstetrics, Atlanta Med. College, and Ex-Pres. Med. Association of Ga.

CLAUDE H. MASTIN, M. D., LL. D.,  
Mobile, Ala.

PROF. H. C. BARTLETT, Ph. D. F.C.S.,  
London, England.

F. L. ROY SATTERLEE, M. D., Ph. D.,  
*Professor of Chem., Med. and Therap. in the N. Y. College of Dent.; Prof. of Chem. and Hygiene in the Am. Vet. College, etc., etc.*

"I have used LACTOPEPTINE with very good effect in a number of cases of Dyspepsia."

"I have used LACTOPEPTINE with great advantage in cases of feeble digestion."

"I have used LACTOPEPTINE both in hospital and private practice, and have found it to answer fully the purposes for which it is recommended. As an immediate aid to the digestive function, I know of no remedy which acts more directly."

"I have made much use of LACTOPEPTINE, and take great pleasure in stating that it has rarely disappointed me. I shall, of course, continue to prescribe it."

"LACTOPEPTINE is an exceedingly valuable preparation, and no one who gives it a fair trial can fail to be impressed with its usefulness in dyspepsia."

"I have used LACTOPEPTINE in a case of Dyspepsia, with satisfaction. I think well of it."

"I consider LACTOPEPTINE the very best preparation of the kind which I have ever employed, and for patients with feeble digestion, I know of nothing which is equal to it."

"I find the preparation of LACTOPEPTINE contains within itself all the principles required to promote a healthy digestion."

## PRICE LIST.

|                                    |                 |
|------------------------------------|-----------------|
| LACTOPEPTINE (in oz. bottles)..... | per oz. \$ 1.00 |
| " " ".....                         | per doz. 10.00  |
| " (in ½ lb. " ).....               | per lb. 12.00   |

*We also prepare the various Elixirs and Syrups, in combination with Lactopeptine.*

THE NEW YORK PHARMACAL ASSOCIATION,

P. O. Box 1574.

10 and 12 College Place, New York.

# *Davidson's Prescription Stores,*

598 MAIN ST., cor. CHIPPEWA,

—AND—

499 William Street, BUFFALO, N. Y.

---

Drugs & Medicines of known Purity and Strength used only

---

RARE CHEMICALS, NEW REMEDIES,

And all Recognized Remedial Agents always on hand. Also

FRESH SWEDISH LEECHES,  
BOVINE VACCINE VIRUS.

---

## THE LONDON LANCET

Is the oldest Medical Journal in the English language, and the recognized exponent of Medical Science all over the world. The largest and cheapest Medical Journal in the country—\$5.00 per year. Send for prospectus. Specimen Copies 25 cents each. Address,

THE LONDON LANCET, 14 Dey Street, N. Y.

The American reprint now contains all the Medical matter of the original edition.

---

## HUMAN SKELETONS.

---

I keep constantly on hand a full assortment of Human Skeletons, well bleached, inodorous, and beautifully mounted by French workmen. Also *unmounted* Skeletons and Skulls. Skulls with various sections,—horizontal and vertical. Also Arms and Legs, Hands and Feet, all nicely and artistically mounted, with parts separable. Send 4 green stamps for Catalogue of Human Skeletons and Anatomical Preparations to

**Prof. HENRY A. WARD,**  
ROCHESTER, N. Y.

*N. B.*—Ward's Natural Science Establishment supplies cabinet and single specimens of Minerals, Rocks, Fossils, Stuffed Animals, Skeletons in all natural orders, Shells, Corals, Sponges, &c., &c,

Chas. W. Stainton, D. D. S.

*Dental Office,*

476 MAIN STREET,

(Opp. Tiff House)

BUFFALO, N. Y.

Confidence and co-operation of Physicians solicited.

DR. WM. C. BARRETT,

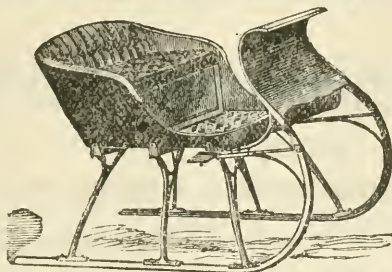
DENTIST,

11 W. Chippewa St.,

BUFFALO, N. Y.

---

### ABBOTT'S PATENT



### PORTLAND CUTTER

The Strongest Sleigh in existence. Fine finish, light, cheaper and more durable than other Sleighs. Also,

Abbott's Patent Runner Attachments,

For wheeled vehicles of every description. Perfectly practical; fits any axle; tracks in country roads. Over four thousand in use. Send for circulars and learn your nearest agent.

• A. A. ABBOTT & CO., •  
300 Wabash Ave., Chicago.

---

GEO. TIEMANN & CO.,

NEW YORK CITY,

Manufacturer of Surgical Instruments,

Apparatus for curvature of Spine, Wry Neck, Anchylosis, Club Feet and

Bow Legs; Splints for fractures and dislocations, Trusses, Crutches,

Elastic Stocking for Varicose Veins, Knee Caps, Sup-

porters and Bandages of every description;

Syringes, Enema Apparatus, etc., etc.

A complete Stock of the Goods Manufactured by me for Sale by

C. M. LYMAN,

311 Main Street, BUFFALO, N. Y.



JOHN P. DIEHL.

JACOB W. DIEHL.

*J. P. & J. W. DIEHL,*

# CHEMISTS & DRUGGISTS

PURE WINES and LIQUORS,

BRUSHES, PERFUMERY, TOILET ARTICLES, ETC.

522 MAIN STREET, BUFFALO, N. Y.

---

 Special attention given to the dispensing of physicians' prescriptions.

---

P. LESSWING,

*(Late of the firm of Bosche & Co., for eight years.)*

T. J. STINES,

*(At Harvey & Wallace's for ten years.)*

## LESSWING & STINES,

MANUFACTURERS OF

## CARRIAGES, PHAETONS and SIDE BARS

Nos. 52, 54 and 56 Broadway,

BUFFALO, N. Y.

---

Having leased the premises, Nos. 52, 54 and 56 Broadway, and fitted up a first-class Carriage Manufactory, we are now prepared to execute orders for all kinds of Carriages, Phaetons and Side Bar Wagons, also, Market and Delivery Wagons.

We intend to give our especial attention to the manufacture of

### PHYSICIANS' PHAETONS,

which will be *light, durable and easy riding*, and we think that after twenty years' practical experience in the business, we are competent to give full satisfaction to all who favor us with their custom.

Repairing promptly attended to.

PLEASE TEAR THIS OUT AND ENCLOSE IT WITH YOUR ORDER.

---

..... 18.....

BUFFALO MEDICAL AND SURGICAL JOURNAL,

No. 5 W. Chipewawa St., Buffalo:

Enclosed find two dollars in payment of one year's  
subscription for the "Buffalo Medical and Surgical Journal,"  
which you will please send to the following address for one  
year from.....18....., and until order  
is discontinued.

Yours Truly,

.....M. D.

Town,.....

County,.....

State,.....

**NOTICE TO CONTRIBUTORS.**—We are glad to receive contributions from every one who knows anything of interest to the profession. Articles designed for publication in the JOURNAL should be handed in before the fifteenth of the month in order to give the editors time for careful perusal.

---

# THE BUFFALO Medical and Surgical Journal

ESTABLISHED 1844.

## EDITORS:

THOS. LOTHROP, M. D., - - - *Obstetrics and Diseases of Women and Children.*  
A. R. DAVIDSON, M. D., - - - *Chemistry Materia Medica and Pharmacology.*  
P. W. VAN PEYMA, M. D., - *Principles and Practice of Medicine and Pathology.*  
HERMAN MYNTER, M. D., - - - - - *Surgery.*  
MUCLEN HOWE, M. D., - - - - - *Ophthalmology and Otology.*

---

This is one of the oldest Medical Journals in the United States. It is published monthly, and is the only Medical Journal published in New York State, outside of New York City. Representing various sections and interests it will be its concern to give, as it is its privilege to know, what most profits the busy practitioner.

It will be the aim of the editors to keep the Buffalo Medical and Surgical Journal in the front rank of Medical periodicals—and continued effort will be made to render it a complete reflex of the progress of our science throughout the world, and at the same time the special exponent of Medical thought for Western New York.

The following special characteristics will be maintained:

1. ORIGINAL ARTICLES—by capable thinkers and eminent writers.
2. HOSPITAL RECORDS—carefully prepared for this Journal.
3. TRANSLATIONS—of valuable papers appearing in our foreign exchanges.
4. EDITORIALS—on subjects of current interest and importance.
5. SELECTIONS—from journals and abstracts of interesting papers and cases.
6. REVIEWS—full and honest reviews of all new books.
7. SOCIETY PROCEEDINGS.
8. SANITARY AND PUBLIC HEALTH REPORTS.
9. CORRESPONDENCE UPON MEDICAL MATTERS.

The Buffalo Medical and Surgical Journal is a strictly professional Journal, having no connection with any mercantile house.

## ADVERTISEMENTS.

A limited number of advertisements are admitted, but only such as are of interest and value to physicians. We shall receive no business advertisements when we cannot endorse the house for honesty and fair dealing with the profession.

This department of THE JOURNAL consequently, instead of being used, as is too frequently the case, merely to advance the pecuniary interests of the publisher or proprietor, shall be made to serve a higher end and constitute a reliable guide to the physician.

**Subscription \$2.00 per annum in Advance—Single number 25c.**

 All communications, whether of a business or a literary character, must be addressed to The Buffalo Medical and Surgical Journal, No. 5 W. Chippewa Street, Buffalo.



**J. M. OLLENDORFF,**  
*Practical & Scientific Optician*

*Manufacturer and*



*Importer of*

**Gold, Silver and Steel Spectacles,**

Eye-glasses and Barometers, Artificial Human Eyes, Drawing Instruments, Opera and Marine Glasses, Microscopes, Compasses, Magnifiers, and Clinical Thermometers.

356 MAIN ST , (Benson's Art Rooms) BUFFALO, N. Y.

---

**WM. COULSON,**  
**FAMILY DRUGGIST**

AND WHOLESALE DEALER IN

**Drugs and Physicians' Supplies,**

163 Seneca Street, - BUFFALO, N. Y.

---

Constantly on hand all Staple Articles of the Best Quality at Fair Prices. New Remedies put in stock as soon as in the market, and Specialties ordered at short notice. Have had long experience in putting up Medicines for Physicians' use, and Guarantee Satisfaction. Remember the number, 163 Seneca Street. Orders from Physicians solicited, and will receive prompt attention.

---

**DR. BERGER'S**  
 PATENT IMPROVED  
**FEMALE SYRINGE.**

With New Retaining Vessel.

This Syringe is an entirely new invention, and much superior to any other in the market. The novel feature of it consists in the **Double-Acting Retaining Vessel.**

By use of this **Retaining Cup**, from two to six bulbs of fluid can be retained in the vagina for any required time, and this continued contact of the injection with the mucous membrane of that organ is just what is necessary to obtain the desired action.

All other syringes, in carrying the fluid only to very limited parts of the deep-folded surface of the vagina, and allowing the injection to pass off immediately cannot but produce an imaginary benefit. For sale by the principal druggists.

General Depot: NEW YORK SYRINGE CO., New York City.

# TO THE MEDICAL PROFESSION.

---

MALTINE "*is superior in therapeutic and nutritive value to any Extract of Malt made from Barley alone, or from any one variety of grain.*"

MALTINE "*is nutritive to every tissue of the body from bone to brain.*"

PROF. R. OGDEN DOREMUS, New York.

MALTINE "*contains, unimpaired and in a highly concentrated form, the whole of the valuable materials which it is possible to extract from either malted Wheat, malted Oats, or malted Barley.*"

PROF. JOHN ATTFIELD, London.

"*Wheat must be considered as by far the most nutritious of all grains.*"—*Physiology of Man.*

AUSTIN FLINT, JR.

"*Barley and Rye are inferior in nutritive power to any of the other cereals.*"

PROF. THOS. KING CHAMBERS, London.

Our experience of many years as Manufacturing Pharmacists has brought us in daily contact with those engaged in prescribing, and has afforded us advantages for study, experiment and practical development, which have engaged our most critical attention in perfecting new and more efficacious agents for physicians' use in the control and subjection of disease, and we assure the Medical Profession that in no instance shall we attempt to arrest their attention except we have some production worthy of their highest consideration.

Before we began the manufacture of MALTINE, we analyzed the various Extracts of Malt manufactured in this country and Europe. We found that many of them had a burnt taste and smell, and a dark appearance, and were deficient in many essential elements that they should contain, owing to the excessive heat employed. Most of these preparations had probably been evaporated, or the grain mashed, at a temperature of 212° Fahr., and consequently the Albuminoids and Diastase were almost entirely destroyed, and the other nutritive properties much impaired. This cannot be otherwise when the German formula is followed, for it directs that the extract shall be heated to 212° Fahr. (*see formula for Malt Extract, German Pharmacopæia, fol. 124*). This led us to a series of experiments to ascertain whether a preparation could not be produced that would contain the nutritive properties of the grain unimpaired. Further research developed the fact that malted Barley was deficient in most of the

essential elements of nutrition, with the exception of mineral matters, or bone producers. These experiments led us to the production of an extract from malted Barley, Wheat and Oats, which we call MALTINE for brevity, and which contains all the elements of nutrition in the proportions required by the human organism, unimpaired by heat; our evaporation being conducted *in vacuo* at 110° Fahr.

MALTINE is rapidly taking the place of Extracts of Malt in Europe as well as in this country, and will unquestionably be used far more extensively throughout the world by the Medical Profession.

We are confident that a practical test of MALTINE will convince any practitioner that we justly make the following claims, viz.:

*First:* That Wheat and Oats are much richer in alimentary principles than Barley, and that it is only in a combination of these cereals, in the proper proportions, that a perfect preparation can be produced.

*Second:* That our process for extracting the nutritive elements unimpaired is far superior to the German.

*Third:* That MALTINE possesses three times the nutritive and therapeutical value of any Extract of Malt in the market.

*Fourth:* That it is the only perfect food remedy ever offered to the Medical Profession.

From our experience during the past fifteen years in closely watching the success of old and new remedies among the Medical Profession, we feel the utmost confidence in claiming that MALTINE and its compounds can be used with more positive results than any preparation now known, in cases of Dyspepsia attended with general Debility, Imperfect Nutrition and Deficient Lactation; Affections of the lungs and throat, such as Phthisis, Coughs, Colds, Hoarseness, Irritation of the Mucous Membranes, and Difficult Expectoration; Cholera Infantum and wasting diseases of Children and Adults; Convalescence from Fevers, general and nervous Debility, and whenever it is necessary to increase the vital forces and build up the system.

MALTINE, and all productions of our house, are kept strictly and invariably in the hands of the Medical Profession.

We guarantee that MALTINE will keep perfectly in any climate or at any season of the year.

*Faithfully yours,*

REED & CARNRICK,

196 & 198 FULTON STREET,

NEW YORK.



# MCKESSON & ROBBINS,

*Manufacturing Chemists,*

91 FULTON STREET, NEW YORK.

## GELATINE COATED PILLS AND GRANULES,

OVAL IN FORM --- PERFECT IN COATING.

### Powdered Purified Chinoidine.

*Containing all the Non-Crystallizable Alkaloids of Cinchona Bark.*

Similar preparations have been lately offered in market at high prices under different fancy appellations, and claims made for the same as of equal efficiency with Quinine. As a great demand exists for a cheap anti-malarial remedy, we introduce this preparation at low figures; and, in order that the profession may judge practically of its merits, will forward a sample to any physician's address, or mail an ounce upon receipt of FIFTY CENTS.

Gelatin-Coated Pills, 1, 2, 3 and 5 grs.

### Bi-Sulphate of Quinine.

The fact that Sulphate of Quinine is only soluble in over 700 parts of water is not generally known, or if known is not usually considered except in prescriptions, when this difficulty is overcome by the addition of Acid; and the further fact that **Bi-Sulphate of Quinine** is soluble in **only 10 parts of water** is as little appreciated.

MCKESSON & ROBBINS have paid much attention to the subject of putting Quinine into Pills, in a condition approaching that of a solution, and have at last succeeded in their **Bi-Sulphate of Quinine Pills**, and offer the same to physicians confident that they will stand any test for solubility and prompt action. Physicians will please always specify **Mc. K. & R. Bi-Sulph. Quinine Pills** and they will not be disappointed in results.

Our Bi-Sulph. Quinine Pills are of all sizes from 1-4 grain to 5 grains.

### Phosphorus & Combinations.

We have now five sizes of Phosphorus Pills on our list and over twenty combinations.

### CATHARTIC PILLS.

**COMPOUND, IMPROVED, VEGETABLE.**

Our Cathartics have been received with much favor both on account of their easy administration and certainty of effect.

We have over *thirty* varieties of Cathartic and Laxative Pills.

### Solubility of Quinine Salts.

Quinine, Sulph. dissolves in 700 pts. water.

**QUININE BI-SULPH.**, " 10 " "

Quinine, Muriate, " 24 " "

Quinine, Bromide, " 50 " "

Quinine, Hypophos., " 60 " "

Quinine, Valerianate, " 110 " "

Quinine, Tannate, " 500 " "

The above table demonstrates the greater solubility of the Bi-Sulphate, a very important point, especially when administered in the form of pills or powders; and, even when solutions are prescribed, the use of the definite salt is believed to be better than the addition of Acid to the Sulphate, as the Bi-Sulphate dissolves at once in water.

We have Gelatine-Coated Pills of the Bi-Sulphate, Sulphate, Bromide, Muriate and Valerianate of Quinine.

### Preparations of Ergot.

A great demand exists for a reliable form of this invaluable medicine, and, as we have devoted much time and study to the subject, we are able to offer our Gelatine-Coated Ergotin Pills, with confidence, to the profession. We will be glad to furnish a sample of these pills to any physician who desires to test them in his practice and we feel sure that he will find them one of the most reliable forms of this very changeable drug. Our pills contain 3 grains of Purified Ergotin. We also prepare Hypodermic Ergotin of the finest quality.

### Sulphide of Calcium Pills.

1-10, 1-4, 1-2 and 1 grain.

We introduced these pills about two years ago, since which time they have come into extensive use.

An eminent physician has prescribed 1-10 grain every hour, with great success, in cases of scrofula, glandular enlargements, &c.

We will be glad to furnish samples of these pills to any physician.

Pocket FORMULA BOOK, containing much valuable information, sent free.



# THE BUFFALO MEDICAL AND SURGICAL JOURNAL.

---

VOL. XIX.—MARCH, 1880.—No. 8.

---

## ORIGINAL COMMUNICATIONS.

---

### THE RELATION OF MEMBRANOUS CROUP TO DIPHTHERIA.

BY J. O. ROE, M. D., ROCHESTER, N. Y.

THERE is no subject in modern medicine which has recently received a greater amount of attention, and concerning which wider opinions are held, than the relation of membranous croup to diphtheria.

Some can only discern one common disease with a variety of manifestations; while others see in each an independent and distinct affection.

Diphtheria, as a disease, has evidently existed since the earliest times. In the examination of the oldest writings of medical authors we find it clearly described, although under nearly as many different names as there were authors alluding to it. Diphtheria is supposed to be the disease alluded to in passages of Homer, and it is quite clearly traced to the time of Pythagoras (580-489 B. C.) Hippocrates mentions it in his writings, but to Bennett, in the early part of the 7th century, is due the honor of first describing it as it exists at the present time. The

---

\*A paper read before the Monroe Co. Medical Society.



syriac ulcer or the *malum aegyptiacum* as described by Aretaeus, the askara frequently mentioned in the Talmud; later the *morbus strangulatorium*, male in canna, and the *morbi suffocantis garrotillo* which prevailed in Spain between the years 1581 and 1611, were undoubtedly the same disease; as all are described as highly contagious affections of the throat of a very fatal character.

By Aretaeus it was also described as a *cynanchia* (or dog-choke,) and existed in two forms, an inflammation of the respiratory organs, and an affection of the breath. In the first form it affected the tonsils, epiglottis, pharynx, uvula, and top of wind-pipe. In the second, the organs became collapsed and a sense of stifling, so violent, that it seemed to the patient as if the inflammation was secretly concealed in his chest, in the vicinity of the heart and lungs. This second form he termed "internal choke" and considered it merely a disease of the breath. (*Ætiology and Semiology*, Renold's translation, p. 13).

The above is in substance the opinion held in regard to the disease, and the term "*cynanche maligna*" was universally applied to it, until a century ago, when in 1765 an epidemic of the disease appeared on the eastern coast of Scotland, in which the laryngo-tracheal symptoms bore so conspicuous a part and differed so much from those affecting the pharynx alone, that it was described by Dr. Home under the name of "croup"—a Scotch word, first introduced into medical literature by Dr. Blair of Cupar Angus, in 1713.

This new disease, as it was then called, attracted considerable attention from the profession, and, assisted by the able memoir of Dr. Home, produced so deep and lasting an impression, that many of our most able writers and accurate observers have, with great reluctance, been compelled to adopt the original and evidently correct idea of the unity of the two affections.

The word "croup" or "croups," was used by the populace previous to the time of Home; but chiefly applied, as at the present day, to cases of "*laryngitis stridulous*," now known as false or spurious croup.

The two diseases were considered as independent affections until the time of Bretinneau, who was the first to give the name diphtheria to a membranous formation found in the throats of those who were attacked by the disease during the outbreak at Tours, in 1818.

The appearance of the common characteristic, a membranous formation, led many to believe in a common origin for the two diseases: the teachings of Bretinneau, supported by his distinguished pupil Trousseau, so influenced the leading French pathologists that the unity of the two diseases has since been pretty generally taught.

The points of difference on which the advocates of the duality theory base their conclusions are:

1. The supposed pathological difference.
2. The alleged clinical difference.

In 1847, Virchow, afterwards Wagner, Rockitansky, Buhl and Riendfleisch, attempted to find the distinction between the membrane of the two diseases in the appearance and anatomical constituents of the exudate. They and their followers were soon compelled to abandon all such attempts, for in the examination of membranes from the two, as they supposed, unquestionably different sources they were unable to find any chemical, microscopical, or general distinction to indicate their origin. Not being willing to relinquish altogether their views as to a pathological difference, they then sought to explain it by the manner in which the exudate was thrown out. In croup it was poured out in a liquid form and coagulated on the surface of the membrane, and could be readily removed, leaving, perhaps, a hyperaemic but smooth surface; while in diphtheria the mucous membrane was incorporated more or less with the exudate, that it was poured into the substance of the tissue, and on removal left a raw and bleeding surface.

This supposed distinction had soon to be abandoned under the light of investigation, for it was amply explained by the difference in the structure of the parts, and the length of time which the exudate had been thrown out.

In the earlier stages of a membranous formation the exudate is easily peeled off and removed; but in the latter stages there is more or less destruction of the superficial tissues and muciparous glands, so that the mucous, which is the active agent of lifting the membrane, is not secreted; and the exudate penetrates more deeply into the tissues. Now, in croup, it is during this early stage that the larynx and trachea become blocked, and suffocation takes place before the second stage is reached.

Having thus failed to establish an anatomical or pathological distinction, it was then sought for in a clinical difference based on the following phenomena. The universal and characteristic symptom of croup has been considered to be the presence of a false membrane, in contra-distinction to diphtheria, in which it may be absent, and to false croup which includes laryngitis stridulous.

These were the views of the French pathologists, except that it was considered a form of diphtheria. The failure to find a false membrane in patients who had died of typical croup began to shake the belief of many and caused them to seek for the explanation of this apparent paradox. Rayland and Sir Thomas Watson mention the occurrence, and Geo. Johnson was much surprised to find on a post-mortem examination of two unquestionable cases of croup, no appearance of a false membrane in any part of the air passages. (*Lancet*, April 26, 1879, p. 592.) This phenomenon is explained by Steiner, by the possibility of a membrane being present during life, in a fluid or coagulated form, but expectorated before death. (Ziemsson's *Cyclopædia*, vol. iv., p. 256.)

Again it is considered that diphtheria is a disease of the pharynx and spreads upward to the nares, and only occasionally extends to the larynx and trachea, while croup is regarded as a disease primarily affecting the larynx, and is confined to this region and to the trachea. "The fact is," says Mackenzie, "that croup is a disease which commonly commences in the pharynx, and only in about 10 or 12 per cent. of cases originates in the larynx

and trachea." (Diphtheria: Its Nature and Treatment, London, 1879, p. 83.)

The third and strongest point on which the duelists fix their faith is the theory, that croup is local and is not contagious, while diphtheria is a general or constitutional disease and is contagious.

A glance at the anatomy of this region will readily explain the limited amount of constitutional disturbance, on the ground that the general symptoms are secondary and commensurate with the local processes.

In all systemic diseases attended by local manifestation, the extent of the local symptoms is, *pari passu*, proportionate to the general disturbance, and if the disease be light the local evidence is often wanting altogether. This is true of scarlet fever, measles, and sometimes even of small-pox.

The parts most readily and violently attacked by the diphtheritic inflammation are those covered with pavement epithelium, and most scantily supplied with muciparous follicles. This is owing to the fact that pavement epithelium is lower in the scale of animal life, that vibrating epithelium will resist destructive changes longer, and when there is an abundant supply of muciparous glands the pouring out freely of the normal secretion prevents as a rule deep-seated degeneration of tissue.

When the local diphtheritic inflammation attacks the tonsils or pharynx as it usually does, it extends by continuity of structure over the surface covered by the pavement epithelium; but at the entrance of the larynx it is met by the sentinels, the little resisting cilia of the epithelium covering the ventricular bands or false vocal cords and the ventricles.

If the disease has not sufficient force, they are equal to the emergency of arresting its progress in this direction. If the inflammation attempts to travel upward, it is met by the same opposing force in the lower portion of the nasal cavity. If, however, the disease is raging with sufficient energy to overcome these barriers, a general nasal laryngeal and tracheal diphtheria

is the result, always of a very grave character, not only from its extensive local implication, but as indicative of the degree of systemic affection.

When the local manifestation first appears in the pavement epithelium covering the vocal cords, it is naturally confined to a very limited area. If it attempt to surmount into the pharynx it is resisted by the little cilia of the ventricular bands. If it attempt to extend itself into the bronchia, it is resisted by the cilia there, though less strongly owing to the thinness of the membrane. So in the distribution of the tissue which has the least resisting power to the destructive poison, we find the solution of its usual limitation to the pharynx and tonsils, when it chooses the larynx for its first invasion, it obstructs the gate-way of life so quickly that in many cases death takes place before the attendant train of symptoms, as asthenia, implication of the lymphatics, albuminuria, etc., have had time to appear.

The fact of the greater liability of the implication of the lymphatics of the neck in pharyngeal and nasal diphtheria, than in croup or tracheal diphtheria, is owing to the distribution of the lymphatic communications.

The tonsils have no connection with the lymphatic system, but the tongue, uvula, soft palate, anterior and posterior pillars of the pharynx, cheeks, lips and the lower portion of the nasal cavity, contain numerous lymphatics, which connect with the deep facial, deep cervical, submaxillary and finally the supra-clavicular and jugular plexus. In the larynx and trachea are found no lymphatic glands and but few lymphatic vessels. These latter terminate in the solitary glands at the side of the trachea, and do not communicate with the general lymphatic system. The trachea is also abundantly supplied with muciparous follicles, which pour out their secretion, lift the exudate, and cause the easy separation of the tracheal membrane without affecting the surface beneath.

The rarity of albuminuria in croup is, as already mentioned, due to the slight amount of lymphatic implication and to the



extremely fatal character of the disease; death usually occurring from suffocation before there is sufficient time for albuminuria to become established, and if present in these cases, it is not often looked for.

The great fatality in children is due to the smallness of the larynx, the greater number and size of the lymph vessels, the frequency of catarrh of the nares and also of the mouth from lack of cleanliness and enlarged tonsils.

In a family, which I attended recently, a child died of laryngeal diphtheria, with no pharyngeal manifestations. The father and mother were taken shortly after with membranous laryngitis, but recovered. This case would ordinarily have been considered a genuine case of croup.

It is claimed for croup, that it is a non-contagious malady, while diphtheria is a markedly contagious disease. The belief in the non-contagious character of so-called membranous croup, is based on the frequent occurrence of cases, where there was no apparent exposure to any diphtheritic infection, and where one member of a family of children is attacked without its being communicated to the others.

To show that diphtheria is a contagious disease, no argument or proof is required, but to say that exceptions are not constantly occurring, would be to deny what is almost a daily observation.

When diphtheria has died out as an epidemic, the stray cases with limited infecting power will be known for years or decennia as so-called sporadic membranous croup, as one would speak for a generation of an occasional case of spasmodic cholera, or a stray case of variola. There is not infection enough to poison the throat, and larynx and blood, but just sufficient for the most favorable place, the vocal cords.

Mackenzie says: "The dangers which are most to be dreaded at the outset of an attack are on the one hand, extension of the disease to the larynx, and on the other, severe blood poisoning." Again he says, "diphtheria is, for obvious reasons,

far more fatal amongst children than adults," and again, "when the exudation shows a disposition to extend rapidly, the danger is very considerable as the extension is most likely to take place in the direction of the larynx." (*Diphtheria: Its Nature and Treatment*, p. 64.)

To cite more evidence to show that the chief symptom in the earliest stages, of a serious import, is the tendency to the involvement of the larynx, is to reiterate what is our daily observation during epidemics of diphtheria; and when it becomes thus early involved, the symptoms are so nearly identical with those produced by so-called "true membranous croup" that the attempt to distinguish between the two, says Johnson, is hopeless and most confusing to the student, for it is certain that membranous croup and laryngeal diphtheria, as we now see them, are one and the same malady. (*London Lancet*, 1875, vol. I, p. 81.)

The cause of the more frequent recoveries from tracheotomy in croup than in diphtheria is due to the fact, as has already been shown, that the cause of death in croup is from obstruction of the larynx and trachea by the membrane.

It is claimed for croup that it is a sthenic disease, while diphtheria is asthenic and attended by more systemic depression. A study of the cases which come under our observation, and a glance at the disease as described in works of practical medicine, will at once convince us of the error of this assumption.

In order to settle the question as to the relationship of the two diseases, last winter the Royal Medical and Chirurgical Society appointed a committee to conduct the investigation. To obtain sufficient data on which to base a conclusion, a circular was issued with a complete list of questions concerning all the points at issue. To these ninety replies were received mostly from men of extended observation and experience; besides all the records of hospitals, and information from every possible source was obtained. The following is a synopsis of the conclusions which were based on the evidence furnished.

1st. Membranous inflammation confined chiefly to or affecting the larynx and trachea may arise.

- a.* From the diphtheritic contagion.
- b.* By means of foul water, air, or other agents.
- c.* As accompanying measles, scarlet fever, typhoid fever, etc.
- d.* From various accidental causes of irritation, as the inhalation of hot water, steam, contact of acids, etc.

2d. Following or associated with exposure to cold, but not to exclude the possible co-existence of other causes.

3d. Membranous inflammation chiefly of the larynx and trachea to which the term membranous croup would commonly be applied, may be imparted by an influence, epidemic or of other sort, which in other persons has produced pharyngeal diphtheria.

4th. And conversely, a person suffering with the membranous affections chiefly of the air passages, such as would commonly be termed membranous croup, may communicate to another a membranous condition limited to the pharynx and tonsils, which would be regarded commonly as diphtheria. From these facts the committee conclude that membranes, chiefly laryngeal, are so often associated with similar ones on the fauces, and such general constitutional condition that no line of demarcation can be drawn, except that when the pharynx is primarily affected, constitutional disturbance is more marked.

All the points at issue have been gradually relinquished by those who have advocated the non-identity of the two affections, until the dispute is narrowed down to the question whether "Membranous laryngitis is always caused by the special poison of diphtheria."

In regard to this question what can be more explicit, when in section 3 and 4 the committee says, that membranous croup may be imparted by an influence, which in other persons has produced pharyngeal diphtheria, and conversely a person suffering from "membraneous croup" may communicate to another diphtheria.

In order to reconcile those whose views differed so widely on this subject, and to form a more uniform basis for reports in the future, in conclusion, the committee suggests that the term croup be *henceforth used* wholly as a clinical definition, implying laryngeal obstruction occurring with febrile symptoms in children. Thus croup may be membranous or not membranous, due to diphtheria or not so, and diphtheria may or may not be attended with croup. The committee, therefore, propose that the term membranous laryngitis should be employed in order to avoid confusion, whenever the knowledge of the case is such as to allow of its application. (Report of Committee, p. 31—33, 1879.)

This seems an eminently wise conclusion, and by it the original Scotch word, croups or croup, is restored to its primitive signification, as describing the purely subjective symptoms of laryngismus stridulus, laryngeal spasm or spurious croup, so common to children, and not the objective condition of a membranous formation.

It would be interesting to follow through the course of this debate, which took place in the Royal Medical and Chirurgical Society, on this most important question, but space will not permit. There is one question about which many are in doubt, it is the relation of membranous formation in the fauces after exposure to colds, foreign substances, and chemical agents, and the occurrence of false membranes on wounds, burns and denuded surfaces. On a close examination of these cases it was found that these accidental occurrences were associated with a special condition of the system. If it was the rule for wounds and abraded surfaces to become covered with a membrane, then it could not be explained by a diphtheritic origin, but as the occurrence is a rare exception, it is no more unreasonable to attribute it to a diphtheritic (if we might so call it) condition of the system or diphtheritic complication than to ascribe certain symptoms supervening with another disease to typhoid complication.

In consulting the older works on this subject one would be led to consider membranous croup a very frequent and fatal malady. Tanner (*Prac. Med.*, p. 501) estimates that one in twelve children died of this disease. He found in London, in 1866, the fatal cases attributed to this disease amounted to 5,168, of which 2,706 were males and 2,462 females; while the committee has, from all the reports of hospitals, dispensaries and private records, been able to collect only 49 cases, which could be properly considered as primary membranous croup. This very great and increasing rarity of this disease is undoubtedly due, as suggested by Dr. Poore (*Lancet*, May 3, 1879, p. 630,) to increasing knowledge of diphtheria.

The last, and perhaps the most plausible theory, if it could be shown to be true, is the bacterian or germ theory for the local cause of diphtheria as a distinction from membranous croup.

By Brettineau, the active contagious principle was considered to reside in the secretions from the membranous exudate alone; that without an exudation there could be no diphtheria; that it only spread in the form of dust like atoms and could only be conveyed by inoculation.

These views were not universally accepted, for most physicians recognized its infectious character and believed, as with the majority of physicians at the present day, it to be a systemic disease.

Laycock, in 1858, and Jodin in 1859, were the first to demonstrate the presence of parasitic elements in the diphtheritic slough or false membrane.

Buhl, in 1867, also drew attention to the same fact, and shortly after Oertel and Heuter discovered that the membrane and secretions of the subjacent diseased parts, and even of the blood of persons sick with diphtheria, contained in great numbers vegetable organisms or bacteria, to which Oertel gave the name of micrococci.



In accordance with this belief in the causative agent of the disease, Oertel declares that diphtheria begins as a local disease and develops often into a general one, and that, moreover, the general infection is kept up by the local one. The disease establishes itself at first in one spot, the focus of infection, and from thence radiates, as it were, through the body, until by general blood poisoning it renders the organism incapable of life. (Ziemssen Cyclopædia, vol. I, p. 581.)

Thus, the bacterian theory of disease is invoked as a distinction to differentiate the two affections, for it is contended that in croupous membranes bacteria are never found, but if so, they are purely accidental and play no part as a causative element in the disease.

The presence of bacteria in the pharyngeal diphtheritic exudate is proven beyond question; but it is nevertheless true that they are of very frequent occurrence in the laryngeal or tracheal exudate of croup, and they are also found swarming in the mucous of these membranes, when in an undoubted state of health.

According to the bacterian theory, diphtheria is not a general blood-poisoning or a previously existing disease, which first produces the membrane, but it is these parasites which are drawn in with the inspired air and lodge on the surface, which accounts for its usually choosing the throat as the seat of the primary local manifestation; indeed, Eberth goes so far as to declare that "without micrococci there can be no diphtheria." (Zur Kenntn. der Bacterit. Mycosen, Leipz., 1872.)

That diphtheria is a filth disease but few will deny, as nearly all cases are found, when occurring sporadically, to be associated with some local surroundings, in which hygiene is disregarded or, when occurring as an epidemic, to some general atmospheric poisoning. The analogy, which diphtheria bears to typhoid fever in its mode of development and propagation, is very striking. In typhoid fever the disease has a special selection for Payers' Patches; while in diphtheria the throat and bronchial mucous membrane is the chosen site.

We all recognize the relation of acute infectious diseases to heat, cold, moisture, and the impregnation of the atmosphere with the emanations from decaying animal and vegetable tissue, but to attribute the phenomena of diphtheria and all the specific fevers, as has been attempted, to the presence of germs, (Dr. MacLagan on Germ Theory, London, 1876,) the proof is not sufficiently positive to warrant such a conclusion.

If the presence of germs explain the origin of these diseases and particularly of diphtheria, then we should be able by means of the microscope to detect the cause of the mildness or virulence of cases, or epidemics of diphtheria to reside in the prevalence of these germs in greater or less number, or in a greater or less size and activity of the germs.

This has been attempted by many eminent microscopists, but all their efforts have thus far proven utterly futile.

In order to prove that in these germs reside the contagium vivum, Oertel attempted to prove by a series of experiments on lower animals, that diphtheria fixes itself at the point of inoculation and radiates from that place throughout the body.

This same fact is true of syphilis and vaccine virus, but who will attempt to say that syphilis is of bacterian origin, and with vaccine virus it is positively shown not to be the case.

In order to determine if possible the nature of the infectious principle of diphtheria and the circumstances that determine the infection, a series of experiments were instituted by the New York Board of Health, under the direction of Drs. Thos. E. Satterthwaite and Edward Curtis.

The first series of experiments were made by inoculating rabbits with diphtheritic membrane. Thirty-eight were inoculated, of which twenty-two died, but not with symptoms resembling diphtheria.

Inoculations were then made with scrapings from the upper surface of a somewhat furred tongue from a healthy person, and which swarmed with bacteria. The effect in these were similar to those from the diphtheritic membrane. Chohen's fluid, which

had become putrid, was then used with similar effect but in a less degree. In order to exclude the possibility of a local cause inoculations were made with sand, but with negative results.

To determine, if possible, whether the poisonous principle resided in the fluid or solid elements, the infectious infusion was filtered through porous clay; with the filtrate, which was perfectly clear and inodorous, inoculations were made, but with entirely negative results, while the residue or the unfiltered infusion was found in all cases to be more or less virulent. It being determined that the infectious element resided in the residue or solid portion, the next step was to determine if it was especially connected with the bacteria formed in the infectious material. This was accomplished in two ways:

- 1st. By arresting the propagation of bacteria by salicylic acid.
- 2d. By destroying them altogether by a prolonged temperature of  $212^{\circ}$  Fahr. and boiling alcohol, and then placed under circumstances favorable to the development of bacteria.

Inoculations made with the infusions thus treated continued equally as poisonous as before, although in many instances no bacteria were developed or could be detected. Hence it was determined that "the granules, which are the bodies most likely to represent the poisonous principles, appear not to be bacteria or their spores." (Satterthwaite, *N. Y. Med. Record*, 1875, p. 853. Also report, New York, Feb. 11th, 1877.)

To confirm the above experiments, vaccine virus was mixed with salicylic acid, which prevented the appearance of bacteria and decomposition, and preserved the lymph in a fresh state for a long time, but did not lessen in the least its active effects. The same was also found by Dr. Curtis to result when carbolic acid was used.

After the discovery of torulae in fermenting substances by Pasteur, it was held by him and others that fermentation and putrefaction were always initiated by organisms, until Bastain (*London Lancet*, April 10, 1875, p. 508) showed that "grapes suspended in an atmosphere of carbonic acid, undergo fermentation

so as to generate alcohol and other products, even without the presence of torula or other organisms."

Notwithstanding the above facts, there can be little doubt that these organisms which are so generally found associated with fermentive and decomposing processes, bear a certain relation to diseased processes. Not that they are capable of inducing disease *per se*, but that they are intimately associated with conditions which produce it (as has been shown by Bastain, Panum Onimus, Hiller, Chauveau, Curtis, Satterthwaite and others,) and their presence in greater numbers and activity simply indicate the extent of the unfavorable conditions which give rise to their development.

Thus these facts adduced in opposition to the germ theory in general are equally available as objections to the bacterian origin of diphtheria as a distinction from membranous croup.

In the debate upon the germ theory of disease which occurred in the Pathological Society of London, in April and May, 1875, (*London Lancet*,) it was strenuously opposed by Carlton Bastain, in his very able and scholarly address on opening the debate and in the discussion by Geo. Johnson, Lionel S. Beale and by Murchison and Dougall of Glasgow, and others.

Dr. Burdon Sanderson who had supported the germ theory since 1870, on what he then considered to be the strongest grounds in its favor, viz: "the theory that in these processes of disease in which minute organisms are found, the life which interferes in these processes is not only the life of the tissues themselves, which are the seat of disease, but another kind of life is introduced."

He said that, "notwithstanding the theoretical change which has taken place in regard to the inseparable connection, which bacteria seems to have to disease and the doubt which has arisen as to whether they were a cause or consequent of morbid processes, we should not put away facts, we should still keep to the investigation of facts, clinical facts and pathological facts as our principal object; He also added, "supposing any one of us

went to Ricklinghausen, Virchow, Chaveau, Paget, and ask the question, 'Do you believe in the germ theory?' the answer he would certainly get would be, 'I really cannot give you any opinion upon the subject. A great number of observations have been made upon the subject; you must read these observations; then, if you wish to pursue it you must make observations yourself, and perhaps, at a future time it may be possible to come to a conclusion upon this subject.' But if they were pressed to give an answer to the question, 'Do you believe in the germ theory?' I believe all these eminent men would shrug their shoulders."

The question naturally presents itself, if these minute germs of vegetable life are the causative agents in diphtheria, why should they limit their operations to the tonsils and parts adjacent, while all other portions of the respiratory tract escape in the great majority of instances? for it has not been demonstrated that the parts covered by pavement epithelium are a more fertile feeding ground for bacteria than other surfaces.

"Surely," says Lyons *opt. cit.* (proceedings of the Connecticut Medical Society, 1876) "these germs as they are swept along over the fourteen hundred to two thousand square feet of respiratory mucous membrane, ought to be able to obtain a foothold and to produce irritation and inflammation in more than one particular place, unless Oertel, Heuter and others have greatly overrated their clinging, boring and other pernicious properties. Finally, it appears impossible to explain cases of diphtheria terminating fatally in 24, 36 and 48 hours, with little or no membrane in the throat upon the bacterian theory, which would seem to require more time for its fatal operation than is thus allowed.

"It must, therefore, be acknowledged that this brilliant theory, though begotten within the temple of science, and fostered by her ablest experts, is yet quite unable to stand the tests of experimental investigations, or of too feeble growth to withstand adverse criticism, or to cope with its older rival, the chemical theory."



## CLINICAL REPORTS.

## EXTRA-UTERINE PREGNANCY; DEATH AND REMOVAL OF FŒTUS — BY PROF. JAMES P. WHITE, M. D.

REPORTED BY WM. D. GRANGER, M. D.

THE following record, made by Dr. White, when he first saw the patient, will best serve our purpose in presenting the early history of this case.

“Mrs. G., age 26; menstruated at 15, married at 19; first pregnancy; pregnancy suspected December, 1878; menstruation, or irregular losses of blood continued during the succeeding three or four months; slight, but frequent; saw no shreds or membranes in the discharge; after three or four months flow less frequent; felt life at the expected time, fore part of April, 1879; suffered a great deal of pain in the lower part of abdomen, and the child's motions gave greatly increased pain; motions continued frequent, and were plainly perceptible to husband up to the following July, when they suddenly ceased; the abdomen diminished in size, the breast became flaccid; and all symptoms of pregnancy, except abdominal enlargement, disappeared; menstruated in August and September, but has not been regular since. About November 1st, Dr. Varian, her physician, dilated the os with sponge tents, so as to enable him, as he told her, to pass his finger to the fundus; found nothing there. Dr. V. diagnosticated extra-uterine pregnancy. Nov. 11, 1879, patient came to me and I made a careful examination. Tumor on right side, and nearly up to umbilicus; tumor quite solid; think I can make out the lower extremities of fœtus; abdomen tender, and has been since the dilatation of the os; tumor extends downward in the vaginal cul-de-sac; os patulous; sound enters into the organ  $3\frac{1}{2}$  inches; nothing to feel in the cavity by sound; general health quite good; confirmed diagnosis of extra-uterine pregnancy, with death of fœtus; recommended

tonic and good diet, and waiting for indications." Dr. Varian, of Titusville, Pa., in his notes says, that in March, 1879, patient was supposed to be threatened with miscarriage; that the pains simulating labor pains, had been of daily occurrence; vomiting was violent, frequent and stercoraceous, and she was greatly emaciated; under treatment patient regained fair health. Again in May, patient had persistent vomiting, and again in August, but the uterine pains and the hemorrhage did not return. About two weeks after, Dr. White saw the patient; she suffered from prolonged vomiting, and also had abdominal pains, though not very severe. At Dr. White's request, the reporter wrote the husband, advising in case the stomach refused to perform its work to sustain her by rectal alimentation, and, if in spite of this, patient lost in weight, strength and health, or if local inflammation seemed to be ensuing, or if the tumor seemed to be pointing, advised an operation for the removal of child, and so assist nature in the performance of a work, because the effort to do it, if unaided, would probably destroy the life of the mother. The patient was reported as improved. But this soon proved apparent, not real, for a month later, in January, she was reported to be losing in health and flesh, and unable to retain food. The advice for an operation was again unheeded. Early in February she was reported much worse, and an operation, delayed two months against advice, consented to. The operation was performed February 7th, in the presence of a large number of physicians. Dr. White was assisted by Dr. Varian, Dr. Thomas Lothrop, Dr. O'Brien, and the writer. Dr. Barr, of Titusville, administered the ether. Before beginning the operation, Dr. White stated at length the history and diagnosis of the case, substantially as given in this article. He would operate because the patient's life depended upon it; she was emaciated to the last degree; was very anæmic; she could retain no food in the stomach, and she could live but a few days longer. With such a decaying mass and accumulation of pus in the body, the blood was poisoned, causing the vomiting, interfering with

assimilation of food introduced by rectum, and therefore bringing on the anæmia, loss of flesh, and the great prostration from which she is now suffering. As for the operation, the object is to remove the child; whether the placenta would be removed, would depend upon its situation and its attachments; he would prefer to remove it if it could be easily accomplished. Exactly *how* the operation would be performed, it was impossible to fore-tell. It was one of expectation; each step would have to be deliberately decided upon before taken. He intended, if possible, to make an exploratory incision upon the median line, between the umbilicus and pubis, expose the sac, stitch it to the parietes to prevent overflow of fluids into the peritoneal cavity, and enlarge the opening sufficient to extract the fœtus. When examined previous to the operation, there was no projecting tumor in the abdomen to be seen, only a little fullness; but a hard tumor with distinct outlines was easily felt. The exploratory incision, two inches long, was made, the parietes carefully dissected and the sac exposed; the opening was enlarged to about four inches; the tumor being more or less adherent to the walls of the abdomen, a small part of the upper end of the wound, which extended slightly beyond the sac, was the only opening directly into the peritoneum. The degenerated and friable sac easily ruptured when examined, and foul and offensive gas and fluid escaped; the opening in the sac was quickly enlarged, and a well-developed female fœtus of about six and one-half months was extracted by its feet. The head was entirely destroyed, and the occipital and two parietal bones were afterwards taken out from the sac. With the exception that the floating ribs had perforated the skin, there was but little other signs of advanced decay. The placenta was not found attached, but broken-down portions of it were found in the sac, and together with a thick fluid, partly pus and partly broken-down tissue, was removed, and the sac thoroughly cleansed by sponges, washed in strong carbolic acid water. The sac extended into the pelvic cavity, and a finger

introduced into the sac, met in Douglas' cul-de-sac, with only a thin wall dividing them, a finger introduced into the vagina. A trocar was passed from the most dependent part of the sac into the vagina, and a medium-sized, gum-elastic catheter was introduced, tied with a ligature, which came through the abdominal wound, and was left in place to serve as a drainage tube. The wound was brought together by deep silver stitches, which included the sac, and by superficial stitches between. Very little blood was lost during the operation. It is impossible to say just what variety of uterine pregnancy this case presented. If it had been tubal, it most probably would have ruptured during the severe pains of the first few months. Beside the uterus and the right ovi-duct were in position. The uterus could be easily felt before the operation in front of the tumor. It probably was some of the forms of abdominal pregnancy. The ovarian form while it is denied by some writers, is certainly very rarely seen and did not give evidence of being present in this case.

For the first week after the operation, the patient was under my care. She rallied well from the shock of the operation, and that evening had a good pulse of 128, and a temperature of  $99\frac{1}{2}$ . The highest temperature was on the evening of the fourth day,  $100\frac{1}{4}$ ; on the evening of the seventh day the pulse was 110; temperature,  $99\frac{1}{2}$ ; the next morning, pulse 112; temperature,  $97\frac{1}{2}$ ; patient improved steadily after the operation; she vomited the little food given until the seventh day; the stomach was given a perfect rest, and food was introduced by the rectum only; whiskey, beef tea, milk and egg were freely given; also, quinine, gr. v., dialysed iron, mm. xx three times a day. At the end of the week patient had lost the pinched starved look; her lips were red; she had gained greatly in strength and a little in flesh. On the seventh day she began to take small quantities of food by the stomach, which was well borne. The discharge from the sac was profuse and very offensive, but diminished and became less offensive at the end of the week. The sac was syringed out twice a day

with a five per cent. solution of carbolic water, several quarts being used, until it ran from the drainage tube a clear stream.

After Saturday, Feb. 14th, the case came under the charge of the Drs. Waid, of Spartansburgh, Pa. They report improvement up to Thursday, (the 12th day after the operation); the patient taking soft boiled eggs, milk and beef tea by the mouth; the silver stitches were taken out, and the discharge became much less, and all except a point at the lower edge of wound, and near the upper edge, where discharges continued to come, was granulating. Thursday the doctors began to suspect that undigested food was coming from the openings, but not until Saturday, Feb. 21st, when it became abundant, could they clearly make out undigested milk, egg, etc.; the patient's condition changed, and she began to lose strength, and to have a quickened and weakened pulse, though at no time did the thermometer show any fever; at the time the discharge of food began, the patient's appetite enormously increased, and continued until the second operation. A consultation was held on Monday, Feb. 23d, Dr. White unfortunately not being able to be present, and it was decided to re-open the abdominal wound, find out the point where the intestine was ruptured, and if possible close the opening. The operation was performed by Dr. Varian, assisted by the Drs. Waid and the reporter; the external abdominal wound was easily separated, and the remains of the sac exposed; the sac was mostly obliterated, its opposite walls being in apposition and bound together by adhesions of newly formed tissue; projecting into the sac through the right wall, about an inch below the surface, and about midway between the upper and lower extremity of the external wound, was found a bone, which, being withdrawn proved to be one-half the lower jaw of the foetus; in this sac were other small pieces of bone, tissue with hair upon it, and food; at the upper right-hand corner of the sac was found an opening into a large intestine; the outer wall of this sac, through the integuments, was opened to the extent of about three inches, the incision being at right angles with the original



wound ; the epigastric artery was cut, and both ends ligated ; the opening into the intestine was large enough to admit two fingers ; it appeared at first as though the gut was cut across and ended in the sac, but by passing two fingers into the gut, in different directions, it was found that there was a wall between them ; the wall of the sac, and the adhesions of the intestine to it were broken down, the intestines drawn out, when a longitudinal rent, two and one-fourth inches long, with ragged edges, was found ; about the original seat of the ulceration the tissue was a good deal degenerated ; the edges of the wound were turned in, the peritoneal surfaces brought together and stitched with carbolized cat gut, the narrow cul-de-sac extending downward into the pelvis, spoken of the first operation, was not wholly healed, although partially bridged over, and in it was found broken down tissue, small pieces of bone, etc.; it was cleansed, and a drainage tube inserted ; the external wound was brought together by silver ligatures ; the patient did not rally well, although she showed considerable strength a few hours after the operation, and died of shock and exhaustion six hours after being placed in her bed. It is safe to say, that had not this most unfortunate complication ensued, the patient would have recovered, for her rapid gain until this accident, and the almost entire obliteration of the large sac, warranted the first operation, which fairly may be said to be successful. Dr. White, Dr. Varian, and others, at the first operation, very carefully examined the sac before it was closed, and found nothing to cause them to think that any such complication as this was likely to occur ; this bone and other tissue had evidently been completely shut off from parent sac, and had formed, before the first operation, an entirely separate one of its own ; the great destruction and weakening of its walls, as shown by the profuse discharge and the contraction of the sac, so that its opposite walls had come together, on the one hand, and the firm adhesions of the intestines to the sac on the other had allowed the ends of the encysted bone to penetrate both the cavity of the parent sac and the intestine ; the great rent in the

intestine was caused, I think, by a weakening of its walls by inflammatory processes, for it had a red, turgid, "angry" look at the time of the last operation, and by the shrinking of the large sac, and the consequent pulling of the adherent intestine from its natural position, which had first forcibly torn the walls of the ulcer, and the contraction of the sac and counter-pulling of the intestines continuing, the large fissure was next made. It is safe to say, that had the operation been done when first advised in December, the patient would be alive to-day.

---

### STRICTURA ILEI, LAPARO-ENTEROTOMY.\*

REPORTED BY HERMAN MYNTER, M. D.

MR. M., 34 years of age; father is living; mother died in his childhood; has had healthy children; has not had venereal disease; always enjoyed good health; never suffered from any trouble of the bowels. His disease commenced about ten months ago, after having been exposed to inclement weather on a country-road; he was thoroughly chilled, which was followed by a severe pain in the abdomen, to the left of the naval. By the use of hot fomentations, rest and appropriate medication, the pain disappeared. Three weeks later the pain returned with hiccough and eructations. For several months the attacks returned at intervals of fourteen days, and were accompanied with meteorismus, borborygm and profuse vomiting, sometimes several quarts being vomited up. The borborygm increased in course of time, and at last became continuous. During his whole disease he suffered from constipation; cathartics generally increased the pain and vomiting; he diminished in weight about thirty pounds in half a year.

He consulted me the first time in October, 1879; he stated that the attacks now came on about every ten days, and were always accompanied with profuse vomiting, which gave great relief. The substance vomited was a sour fluid, followed by a yellow, extremely bitter fluid, and at last feculent matter. The

\*Read before the Buffalo Medical Association.

borborygm was now always present, occurring every few minutes, and could be heard many feet away.

The abdomen was found slightly enlarged and tympanitic; enormous peristaltic movements were apparent through the abdominal wall; every few minutes a part of the bowels would become distended, and protrude as a tumor as large as a fist, and then slowly disappear with a loud gurgling sound. Most frequently it took place in the left iliac region. No tumor could be felt, and there was no pain on pressure. The examination of the rectum did not reveal anything abnormal; all other organs were healthy. My diagnosis was an internal constriction of unknown character. I advised discontinuance of all cathartics, absolute rest during the attacks, together with the administration of opium, appropriate diet and tincture of belladonna, (five drops four times a day). For two weeks he felt better under this treatment. I lost track of him until January 19th, 1880. He stated that during November and December the attacks increased in frequency; the vomiting occurred after almost every meal, and sometimes in enormous quantities, and of feculent character; he had occasionally evacuation of the bowels of soft character, without blood; the borborygm was constantly present; he had kept his bed for six weeks, and was now in a state of extreme starvation, with pale, cachectic color. The abdomen was so retracted, that the corpora vertebrarum and the pulsating aorta were plainly visible. The same abnormal peristaltic movements were seen, especially in left inguinal region, where a slight prominence of doubtful character was felt. The same gurgling sound was heard every few minutes, preceded by partial distension of the bowels. The patient, his family and friends, were aware of impending death, the attending physicians having declared the case hopelessly fatal.

After a consultation with Dr. Miner, who concurred in the diagnosis of internal stricture of unknown character, and considered, under existing circumstances, operative measures justifiable, and after explaining the nature and dangers of the opera-

tion to the patient and his friends, operation was determined upon. For three days pancreatic meat-solution was injected into the rectum, five ounces of meat being used every three hours, with ten grains of pure pancreatine. The injections were all retained and the patient gained in strength; five drops tincture belladonna were given every four hours; a movement from the bowels occurred the next day, of soft but natural character. The most important question, the seat of the stricture, could not be fully determined. A large-sized rectal bougie could be introduced its full length in the rectum, and felt in the left iliac region. The entire descending colon could be filled with water by injection, showing that the stricture was not near the rectum. Taking into consideration, that an almost natural movement of the bowels occasionally occurred, while the gurgling sound through the stricture indicated that only very thin fluids could pass the obstruction, I concluded that the stricture was far up, possibly near the cœcum, or in the ileum. If near the rectum, the patient in all probability would have had continuous diarrhœa, as the thin fluids would not have been absorbed before reaching the rectum.

January 23d—Operation under chloroform, Drs. Miner, Burwell, Tobie, Hauenstein, Lothrop and McNiel being present. The incision was made in the linea alba under antiseptic precautions, from the navel down towards the symphysis, and afterwards enlarged one inch upwards to the left of the navel. In the pelvic cavity, on the right side, a hard, solid stricture was found and brought out through the wound. It was about one inch in length, ring-formed, contracted, hard as cartilage; above the stricture the bowels were very much dilated, and the walls hypertrophied; below the stricture the bowels were collapsed and the walls thin and normal. The stricture had its place in the jejunum or ileum, where could not be ascertained. As the establishment of an artificial anus would be scarcely less dangerous, and in this case, if it should terminate in recovery, which was in the range of possibilities, would always be permanent, and as the resection of the

constricted part would be a very difficult proceeding, as one end was enormously dilated, the other very contracted, we resolved to establish a fistula between the bowels above and below the stricture. This was done about two inches from the stricture, the bowels being brought in parallel position, and first sewed together with six carbolized silk sutures for about one inch. On each side of and near to these sutures an incision was made in the bowels about three-fourths of an inch long, and the entire edges of the wounds were sewed together in a similar manner. The knots of the first sutures were in that way inside the bowels, the rest outside. In this manner the peritoneum was at every spot united with peritoneum.

The peritoneal cavity was well cleaned, the bowels repositied, and the wound united with six deep and several superficial carbolized silk sutures, and antiseptic bandage applied. The patient was very low after the operation, but towards evening had normal temperature and a rather weak pulse of 96. Opium in 20 drops doses was given every two hours; the following morning he felt comfortable, had no pain or tenderness in the abdomen; no meteorismus or vomiting; the borborygm had perfectly disappeared; the bowels moved; urine was freely evacuated. Pancreatic meat solution with whisky were given per rectum. He felt well till towards evening, when the pulse grew weaker and weaker, and he died about thirty hours after the operation from exhaustion.

At the post mortem examination, twenty-four hours after death, the wound in the abdominal wall was found partially agglutinated.

No symptoms of peritonitis present; the stricture was found about eight to ten feet from the pylorus, twelve to fourteen feet from the caecum. The stricture was formed by a circular ulceration, and did not admit the tip of the finger; no swelling of glands in the mesentery. The fistula was in such exact opposition, that when water, with a powerful syringe, was thrown into the bowels above the stricture, it passed the fistula without a drop coming out between the sutures.



## A FRACTURE CASE

SERVICE OF DR. C. C. F. GAY.—REPORTED BY DR. F. PETERSON.

*Editors Buffalo Medical and Surgical Journal:*

GENTLEMEN.—Dr. F. Peterson, House Physician, has at my request kindly furnished me from the records, a copy of the following remarkable case, which was under my charge last year at the Buffalo General Hospital. It deserves prominent notice, since recovery from the severe and complex injury, has no parallel, I believe, in the records of surgery.

Yours truly, CHAS. C. F. GAY.

JOHN DEGENFELDER, entered Buffalo General Hospital, March 14, 1879; single; aged 18; was caught in belting and whirled several times around a shaft; injuries were as follows:

Fractured radius and ulna of right fore-arm at junction lower and middle thirds; fractured radius and ulna of right forearm at junction middle and upper thirds; fractured humerus of right arm at middle third; fractured clavicle of right side, near sternum; fractured femur of left side, comminuted.

Flesh wound exposing external hamstrings five inches in diameter. Wooden splints were applied to fore-arm after reducing swelling with hot fomentations. Swinburne's extension used on arm. These bones united in usual time; 2 inch shortening of humerus, and 1 inch of fore-arm; form of arm good. Compress and straps were put over clavicle; eight pounds extension applied to thigh; highest temp. 105.

April 21. Thigh swollen and fluctuating under pressure. Bistoury plunged in on outer surface, lower third, and one quart of pus was removed. Before next day two quarts more were removed. Whiskey, quinine and iron are his medications; Diet, milk, eggs, beef, beef-tea.

June 25. Still discharging several ounces daily of pus; femur seems to have united; pressure, by strapping, bandaging, wooden or tin splints tried; at one time seemed to have had pyæmia, pus-depot having formed in right arm, but ill omens soon passed away.

July 21. Put on plaster of Paris bandage.

Sept. 6. Able to drag himself over the building. Bones all united, but thigh crooked.

Sept. 26. Uses crutches and walks everywhere; able to go down town; health good; discharge from thigh small, thin and watery.

Feb. 12, 1880. Is now at work.

---

## TRANSLATIONS.

---

### THE USE OF IODIDE OF POTASSIUM AND CALOMEL IN DISEASES OF THE EYE.

FROM THE GERMAN, BY LUCIEN HOWE, M. D.

TWELVE years ago Hennequin called attention to an acute inflammation of the eye, produced by the internal use of iodide of potassium, in connection with the dusting of calomel upon the conjunctiva. This effect was not then entirely unknown, having already been discovered thirty years before by Fricke, and verified by others, (Fretschi, Andreal and Edm. Rose) the inflammation being attributed to the peculiarly irritating action of iodide of mercury, which, according to chemists, must be formed on the conjunctiva under such circumstances. The author, by means of certain experiments on animals, and by chemical analysis, has considered the question carefully, and arrived at the important practical conclusion, that, the external use of calomel is to be avoided, whenever iodine is contained in the tears. For, when iodide of potassium is administered internally, it can in a short time—even in a few moments—be detected in the different secretions and excretions, and especially in the tears.

A dose of 0.50 centigrams, (grs. viii.) taken twice in twenty-four hours, is sufficient to keep it continually present in the tears of the human subject.

Now, although calomel is but slightly soluble in water, alone, it is much more readily dissolved in a solution of  $\frac{3}{4}$  per cent. of common salt, and can consequently always be taken up by the

fluids on the conjunctiva. Therefore, when calomel is dusted on to the membrane, simultaneously with the administration of the iodide of potassium internally; iodides are formed which act as irritants to the conjunctiva, producing an acute inflammatory condition. (*Archiv für Ophthalmologie—Klinische Monatsblätter für Augenheilkunde.*)

[Note. Reference has already been made to this subject, by the writer, in a former number of the *BUFFALO MEDICAL AND SURGICAL JOURNAL*, vol. xv, p. 145.]

In a large class of cases—especially where phlyctenulæ appear on the conjunctiva or cornea—it has been customary to apply calomel in the manner indicated, and at the same time to advise the internal use of some form of the iodides. Only recently, however, have the details of the process been carefully studied and the action of the two agents fully demonstrated by exact chemical investigation. The evil effect of such a procedure, is however thus proved by chemical analysis, as it was before shown by clinical experience.

---

## SELECTIONS.

---

### BROMIDE OF ETHYL—THE NEW ANÆSTHETIC.

BROMIDE of ethyl or hydrobromic ether is a transparent colorless liquid, heavier than water, (sp. gn. 1.423). Its taste is sweetish and pungent, and its odor ethereal and not unpleasant. It is sparingly soluble in water, but mixes in all proportions with alcohol and ether. It is not caustic nor even irritant when compared with chloroform. Its anæsthetic action has long been known, but Dr. Lawrence Turnbull of Philadelphia, was the first to experiment with this ether upon man.

He publishes reports of twenty-one cases, and the advantages which he claims for this agent are: The rapidity of its elimination from the system by the respiratory passages; the small

quantity required, and the readiness with which anæsthesia is produced.

Dr. Levis, Surgeon to the Pennsylvania Hospital, and to Jefferson College Hospital, expresses himself favorably as to its use; he says, "I have now had sufficient experience upon which to at least base some very decided impressions, as to its value. Its vapor is quite unirritating to the respiratory passages when inhaled, and in this quality it has the advantage over both ether and chloroform. It seems to be entirely eliminated through the lungs, and in cases in which some secreting organs happen to be from disease incapacitated, it has in this regard a decided advantage as to safety over chloroform.

"Its principal physiological characteristics, which will concern the surgeon, are its rapidity of action and the quickness of recovery from its effects; as far as observed by me it does not influence the circulation, excepting to produce sometimes a slight increase in the rapidity of the heart's action and in arterial tension or pressure.

"The cerebral anæmia and the fatal syncope of cardiac depression, to which chloroform is liable, are dangers which do not appear to threaten in the anæsthesia of the bromide of ethyl; nausea and vomiting appeared to occur less frequently. The action is very rapid—complete anæsthesia is accomplished in one-third less time than is the case with chloroform; usually the pupils dilate during total insensibility; but soon contract if the administration is interrupted. The effect is transient, in a few seconds after removing the towel, the patient is able to talk intelligently, and in a minute or two can walk away without a stagger.

"The quantity consumed will depend upon the manner of using it. Dr. Levis' plan is to pour two drams of the ethyl bromide on a small napkin folded up to a space of about four inches, and then laid on another napkin folded so as to be large enough to cover the entire face of the patient.

"So powerful an agent as bromide of ethyl, should be used with caution—but the results of experience so far demonstrate that

it is a safe anæsthetic agent, quicker in action, more transient in effect—in some respects preferable to ether or chloroform.”

---

#### PECULIARITIES OF RINGWORM AND ITS TREATMENT.

IN the *Lodon Lancet* for January, Dr. Liveing directs attention to the peculiarities of ringworm. He notes the prevalence of this disease in England and France, and its comparative infrequency in Germany. In ringworm of the scalp, which is far more important than that of the body, the diagnosis is often difficult. As to its communicability, he says it is so until it is quite cured; indeed as long as scurfy spots remain, even though the hair be growing freely, it may be propagated. It is far more contagious when it first appears before any remedies have been applied than it is while under treatment. The best remedy to prevent its spreading among children is the carbolized glycerine of the British Pharmacopœia, either pure or diluted with a little more glycerine; it should be well rubbed over the scalp every morning. This acts in two ways; (1) the carbolic acid produces its usual effect on organized matter; and (2) the glycerine prevents particles of scurf from being dispersed. In addition to this the carbolized glycerine has a distinct curative effect.

As to the treatment of this troublesome malady, the remedies may be divided into two classes: (1) those which act by setting up sufficient inflammation in the skin to lead to the destruction of the disease; (2) those of a milder kind which act simply as antagonistic to the development of the *Trichophyton tonsurans*. To the former class belong such remedies as acetum cantharidis and strong acetic acid; to the latter, sulphur ointment, the white precipitate ointment, and sulphurous acid lotion. Many remedies combine these two properties; as for example, chrysophanic acid ointment, iodine liniment and strong carbolized glycerine.

How is the choice to be determined between these and many other remedies. *Strong remedies* are always contra-indicated in very young children. A little tincture of iodine painted on



once a day for a few days, followed by the use of the white precipitate ointment is all that is necessary. In older children, stronger treatment must be used; it is very unwise to make a *large* sore place on the scalp, as it may give more trouble than the ringworm itself. If the disease is in the early stage, and consists of one or two circumscribed spots, cut the hair short all around the spots, and apply with a brush Costel's paste, acetum cancharides, or iodine liniment. A single painting with pure carbolic acid is thoroughly effective, but it is a strong remedy and gives some pain. It is very unwise to trust strong remedies in unskilled hands. When the disease extends over a large surface, use milder measures; as tincture of iodine of double strength painted on every day, followed if necessary by the nitrate of mercury ointment, diluted according to circumstances, or an ointment containing the red or white precipitate of mercury and sulphur, or the oleate of mercury (10 per cent). In certain cases goa powder, or chrysophanic acid ointment (thirty grains to the ounce) are very effective.

Ringworm is often associated with a generally unhealthy condition of the skin which is badly flourished. In such cases tonics, as iron and arsenic, are often useful. This is in accordance with the fact that many strictly local affections are influenced by general treatment.

---

#### TREATMENT OF ASTHMA BY POTASSIUM IODIDE.

EVERYONE knows how difficult it is to cure or even benefit the majority of patients who suffer from asthmatic dyspnœa, whether the asthma be chronic or symptomatic; many medicines have been proposed, but they have failed in their purpose, and have consequently fallen out of use. Prof. See, after a great number of investigations, has at last been led to adopt heroic treatment in nearly every case. He administers Iodide of Potassium at the outset of the disease, in a sufficient dose; that is, at least 1.50 grams, increasing it progressively, to 3.4 grams, and limit-

ing the use of the drug on the appearance of symptoms of iodism. It is found that in this way alone is the action of the remedy really effectual.—*Practitioner.*

---

TREATMENT OF WHOOPING COUGH BY ATROPIA.

BY ARTHUR WIGLESWORTH, L. R. C. P.

M. R. C. S., &C.

I was led to try Atropia by reading Trousseau's remarks, concerning the oftentimes beneficial results obtained from belladonna. The alkaloid, however, seemed to be more likely to prove useful; first, because of its unvarying strength; secondly, because the dose could be more easily regulated in consequence; thirdly, because it is nearly tasteless. I therefore chose the solution of the sulphate of atropia (B. P.), which contains 1-120th of a grain in each minim—a most convenient strength; and in every case directed that it should be administered in the morning fasting.

It required some little time to find out the average dose to begin with; but I now begin with 1-120th of a grain (or one minim in a drachm of water) in children from one to four years of age, either diminishing or increasing the dose as occasion dictates; and, except in very severe cases, only order it to be given once a day, but when the nightly paroxysms are very severe, I order half the dose to be repeated about an hour before bedtime.

The results that follow its administration may be summed up thus: first, a steady diminution in the *number* of paroxysms; second, a diminution in the *duration* of the paroxysms; thirdly, a change in the character of the "whoop," as if the vocal cords were not so closely approximated. Further, if the atropia is withheld, the beneficial effects derived from it, subside.

Now, these results follow more or less speedily the administration of the remedy and appear to depend upon the susceptibility of the patient to the action of the atropia. In a few cases

thirst may become a prominent symptom, which subsides, however, on the diminution of the dose. In only one case has the sensation of "falling down" been experienced, and this disappeared with a reduction in quantity.

I append a few cases, taken at random from details before me. In one, the remedy was commenced as soon as the characteristic whoop was definitely established, and the daily number of paroxysms ran up from eleven to twenty-six in four days; by that time the atropia seemed to have begun to act, and in fourteen days the number was reduced to two. In another case the number was twenty-four on the second day after the atropia was commenced and a similar decline took place. Again twenty-six was the number registered; in three days it had fallen to thirteen, remained stationary for a week, then steadily declined. In another patient, aged ten years, the cough was almost incessant: in a week there was no paroxysm to record. One case I should like to give more in detail: The patient, a little girl, aged five, had passed through a severe catarrhal stage, and the "whoop" had become well established, when she had a sharp attack of measles, but no diminution of the cough. The rash was nearly gone, when acute broncho-pneumonia of both lungs set in, dullness on the left side being well marked half-way up the lung, respiration twenty-five in a minute; dyspnœa urgent; recumbent position impossible; pulse 170; fluids could only be taken in single mouthfuls for want of breath. Each pertussal paroxysm caused the greatest distress. In this case, I ordered 1-120th of a grain of sulphate of atropia twice a day with the most satisfactory results. The cough became less frequent, and its duration was decidedly shortened and less violent. She was also ordered in the interval carbonate of ammonia and decoction of senega. Under this treatment, the child slowly rallied and is now perfectly well. A good example recently occurred in a family of a clergyman: three of the children being attacked with whooping-cough, coincidently with their neighbor's family,

with whom they played every day. In a month all trace of disease had left them, whilst at the end of two months their neighbor's children still had it.

Whooping cough is essentially a "neurosis," and if we are to judge from the sensations described to us by those who are old enough to analyze their feelings, it is the laryngeal branches of the pneumogastric nerve that are primarily affected.

Of all the drugs, there are none that have such a peculiar and special effect upon the pneumogastric nerve as belladonna, though it is by no means limited to that nerve. It is essentially a nervine sedative, and has a capacity for diminishing both sensibility and irritability when these are morbidly increased. Its primary effects are manifested upon the mouth and throat producing thirst. A further action is upon the laryngeal muscles, rendering articulation imperfect, or preventing it altogether. It is reasonable, then, to attribute the beneficial effects of atropia in whooping cough, chiefly to its effect upon the laryngeal branches of the pneumogastric nerve, diminishing its exalted sensibility and irritation which are known to exist, and which by constant propagation to the medulla oblongata, increase in that body the capacity for reflex phenomena. But it is also probable that atropia has "a very decided effect upon the medulla oblongata itself, rendering it less capable of exciting reflex action. Dr. Kroon's experiments led him to the conclusion that valerianate of atropia had a very special and direct effect upon diminishing its inherent capacity for reflex phenomena.

I think then the conclusion is justified that by its action upon the pneumogastric and sympathetic nerves, and also upon the medulla oblongata, atropia relieves and ultimately cures the neurosis, called whooping cough ; and that in those cases when, by idiosyncrasy or easily-excited sympathetic action, the intensity and severity of the reflex phenomena are greatest, the beneficial action of atropia will be more marked.—*London Lancet*, Aug., 1879.

## THE TREATMENT OF PHTHISICAL COUGH.

At the last meeting of the Ohio State Medical Society, Dr. Robert Bartholow read a paper on the Treatment of Phthisis, from which we extract the following remarks as to the means of relieving cough, often one of the most troublesome questions with which we have to deal in the treatment of phthysical cases.

"As cough prevents sleep, destroys rest at all times, and is exhausting, patients are clamorous in their demands for relief. The prescription of hydrobromic acid and spirits chloroform, proposed by Fothergill, is rather disappointing; gargling the throat with solution of potassium bromide allays the reflex excitability of the fauces, and thus lessens cough somewhat. But there are no efficient substitutes for the preparations of opium, and they must usually be prescribed when the cough is severe and persistent. The most generally useful of these is codeia, which is about one-half the strength of morphia. The superior virtues of codeia as a remedy for cough are these: it has a selective action on the pneumogastric nerve, allaying irritability of its end-organs; it is calmative and hypnotic, and as compared to morphia, is less excitant and less nauseant. Codeia may enter into extemporaneous combinations with atropia and other agents just as morphia does.

"Apomorphia now and then succeeds admirably in allaying cough, but it is useful in the *rôle* of nauseating expectorants, and is therefore not suitable in phthysical cases. When an irritable stomach co-exist with a teasing cough, oxalate of cerium acts surprisingly well. On the other hand, for the arrest of the reflex vomiting of phthisis which accompanies the cough, there is no remedy comparable to strychnia; when there is profuse expectoration, rather foetid in character (bronchiectasis), and indeed in ordinary cases with free expectoration, carbolic acid is often very beneficial. It may be given in cherry laurel water in the dose of half a grain three times a day. Besides its influence over cough in these cases, carbolic acid reduces the abnormal temperature, checks the sweating and improves the



bodily condition in general. In the more chronic cases of phthisis, with a less range of daily temperature and scanty expectoration, iodide of ammonium is specially effective. It is useful to combine arsenic with it, or it may be given in a mixture of wine of tar."

---

#### BALSAM OF PERU IN PRURITIS.

Dr. Auerbach has treated pruritis with this substance with the greatest success. It is well rubbed into the parts, and cure results in a few days.—*Deutsche Med. Woche.*

---

## SOCIETY REPORTS.

---

### BUFFALO MEDICAL ASSOCIATION.

*Stated Meeting, February 2, 1880.*

THE PRESIDENT, DR. LUCIEN HOWE, IN THE CHAIR.

AFTER the transaction of a certain portion of the routine business, the essay for the evening was read by Dr. J. W. Keene, whose subject was "Cæsarean Section." The history of the operation was given in detail, and special attention called to the first authentic records concerning it, which dated from the latter part of the fifteenth century. Referring to the results as reported by different authors, he said :

"A summary of the various statistics at command gives a mortality of 52.8 per cent. This includes the results of both champions and opponents, and even the estimate of Boerhaave, that only one mother in 14 survives the operation, and also the statement of Velpeau, that in England, out of 15 or 20 cases not one at the time of his writing had been successful."

The Cæsarean Section was then compared with embryotomy and the question discussed as to which was preferable in cases

when mother and child were both living. The words of Osborn, Maureceau, Baudelocque and Smellie, were quoted as favorable to the former operation, while Cascaux and others were opposed to it. As usual, the advocates of the middle course, seem to be the wiser; a class, like Schroeder, prefer the Cæsarean Section, especially "when a living child can not be delivered by the natural passages, without sacrifice of its life and the mother desires the performance of the operation." Its general advantages were then pointed out by the writer who said, "we have to deal with healthy tissues in a reasonably healthy patient, and we always know what we shall find."

The special indications for its performance were when the fœtus could not be delivered alive or dead per vias naturales; surety in all cases where the smallest pelvis diameter is less than 15 lines, after rupture of the uterus, with cancer of the cervix greatly advanced, or when a mother volunteers to sacrifice her own life for the chances of saving the child.

In the discussion which followed:

Dr. Hartwig regretted that the writer could not fortify his statements by personal experience. As for himself he had on one occasion been obliged to attempt the extraction of a child from the uterus of a woman suddenly deceased, this being required under such circumstances by the laws of Germany, where he then resided. At that time he was surprised by the abundance of the hemorrhage, and thought some procedure might be adopted to prevent the entrance of the blood into the abdominal cavity. It would seem advisable to him, under such circumstances, to unite the walls of the uterus to the edge of the incision in the linea alba, by means of a few elastic stitches, and after that to proceed to the removal of the child.

Dr. Mynter thought that the results thus far reported from the operation of gastro-elytrotomy were so encouraging as to make it in every way preferable to the Cæsarean section. A brief review was given of the manner of procedure adopted by Professors Skenc and Thomas, from which it appeared that the

external incision was similar to that made in ligating the iliac artery, that through this the vagina was opened and the child brought into the world over the brim of the pelvis.

Dr. Kilburn called attention to a tabulated list of cases prepared with great care by Dr. Harris, of Philadelphia, which showed a total mortality to the mothers of about 56 per cent.

Under the head of voluntary communications Dr. Mynter read the history of a case of intestinal obstruction, which he attempted to relieve by an operation, and accompanied the paper by the presentation of an interesting post-mortem preparation. (See Clinical Reports.)

The case was discussed at some length by Drs. Keene, Hartwig and others, after which the Association adjourned.

---

## EDITORIAL.

---

### THE UNIVERSITY OF BUFFALO.

#### THE MEDICAL COMMENCEMENT.

THE winter season of the Buffalo Medical College closed with unusually interesting exercises, which was made the occasion to invest a class of fifty-six graduates with the degree of Doctor of Medicine. Not only here, but elsewhere, the season has yielded an abundant harvest of candidates for the labors and the honors of the Medical profession.

The fact is significant, however, in the experience of the present session, that the higher standard of requirements for graduation and the increased facilities, with the lengthened term of lectures, afforded for acquiring a theoretical and practical knowledge of the science of medicine, have met an emphatic endorsement by the profession.

We desire, especially, to direct attention to this important result. The leading medical schools are extending their lec-

tures, and establishing a graded curriculum of study with regular and frequent examinations. The discussions of late upon the subject of medical education, and the favorable action of medical societies have imparted an unusual impetus to this important movement. The authorities of the Buffalo Medical College, composed of our most progressive men, we think acquiesce heartily in this improved sentiment. The result, as unfolded during the last session, justifies the profession in extending its approval and support to this and other institutions, whose aim it is to meet the demand for a higher standard of medical education, and thus, to prove faithful custodians of the trust committed to them in granting medical degrees.

The agitation and discussion of this question places the future status of the medical profession, where it justly belongs, (1) upon the members of the profession in their choice of students, and (2) upon medical colleges in affording ample facilities for clinical and didactic instruction, and in exacting a rigid examination on the basis of the higher standard of requirements, which it is their purpose to establish.

Such evidences of liberal and progressive ideas and efforts prevailing throughout the country in behalf of the most important interests of the profession, plainly demonstrate that the present decade will do much in the solution of this hitherto intricate problem. We are not less ambitious than the authorities to which the Buffalo Medical College is intrusted, that they should be, in the future as in the past, in the vanguard of medical reform. Every movement in advance is met by a generous response and support. The late commencement was a most flattering exhibition of its power and influence. The alumni, old and new, are highly creditable representatives of the profession and of their Alma Mater.

The position of the JOURNAL upon this and kindred questions, affecting the present and future of the medical profession, will be that of earnest advocacy of every step in advance, and of approval of whatever concerns such vital interests as that of medical education.

## VITAL STATISTICS OF BUFFALO.

The medical profession of this city is to be congratulated upon the zeal and industry which has recently been exhibited by its Board of Health. The gentlemen, lately elected to that position, have evidently entered upon their duties with a realization of the responsibilities attending it, and their efforts even thus far, in behalf of sanitary science, can not be too highly appreciated.

A "statement of mortality" is now sent weekly to every physician in the city, and this report is so much more complete than any formerly furnished, as to be deserving of special praise.

The vital statistics are here presented under different tabulated heads, in such a manner as to be very convenient for reference or special duty.

The general plan of the report is similar to that proposed by the National Board of Health, with some minor modifications suggested by our city physician, Dr. A. H. Briggs.

The causes of death are arranged in six classes, which are subdivided into forty-nine sections. The first of these classes includes the zymotic diseases and is composed of sixteen sections, representing as many different affections. These are also so arranged as to show the number of deaths from each disease in each of the different wards of the city—an advantage plainly evident in case of an epidemic of any kind.

The second class includes the "constitutional diseases;" to the third belong the "local diseases" of the system, etc., etc. Moreover, these are so tabulated as to show the approximate age of the deceased, together with the color, sex and social relation.

In other tables can be found the deaths reported in public institutions, and the births, marriages, and still-births during the week, while on the fourth page there is a summary of the daily meteorological observations, furnished for the same period from the office of the signal service.



We understand that efforts have been made by the Health Physicians in former years, to compel greater exactness in the recording of vital statistics, and then to report these in a convenient form to the profession, but unfortunately such proposals did not find favor with the other members of the Board of Health at that time.

But the present city physician has come into office full of enthusiasm for the work, his suggestions are duly weighed by intelligent men with whom he is associated, and as a result, we already see evidences of an interest in sanitary science, which has not formerly been manifested.

This whole subject of vital statistics is of such importance as to demand a more extended notice than can be given it at present. In the future we shall attempt to call attention to other reforms much needed ; but at this time we only wish to commend the Board of Health for the action already taken, and assure them that all such efforts will meet the hearty approval of every intelligent physician in the community.

---

### THE THIRTY-THIRD COMMENCEMENT OF THE BUFFALO MEDICAL COLLEGE.

THE Medical Commencement was held Wednesday evening, February 25, at St. James Hall, and was attended by a large and appreciative audience. Prof. Thomas F. Rochester gave the address to the graduating class. His subject, "State Medicine," was exhaustively treated, and its discussion added much to the scholarly reputation, already acquired by the speaker, both at home and abroad. We hope to give abstracts from this valuable paper in a future number of the JOURNAL. President Anderson, of the Rochester University, addressed the Alumni.

We give a complete list of the graduating class :

Clayton Moses Daniels, Buffalo, N. Y., Management of Natural Labor ; Henry Warren Rogers, East Aurora, N. Y., Median

Lithotomy; George W. Reynolds, Lockport, N. Y., Infectious Diseases; Charles Anthony McBeth, Tonica, Ill., Ovulation; William Henry Allen, Waverly, N. Y., Scarlatina; Adelbert Theodore Bacon, Canaseraga, N. Y., Acute Gastritis; William Robertson Campbell, Trumansburg, N. Y., Dropsy; Eddy Smith Freeman, Middleport, N. Y., Spermatorrhœa; Teneyck Olmstead Burleson, Howard, N. Y., Amenorrhœa; Marcus Abner Dumond, Danby, N. Y., Typhoid Fever; Joseph Robert Love, Buffalo, N. Y., Philosophy of Practical Medicine vs. Empiricism; Myron Smith Watkins, Spencer, N. Y., Diphtheria; John Park Mason, Elmira, N. Y., Puerperal Eclampsia; Ransom Elbert Moss, Gowanda, N. Y., Acute Pneumonia; Frank Brockway, Cambria, N. Y., Dysmenorrhœa; Kay A. Sweet, Bradford, Pa., Gonorrhœa; Alfred Beers Kibbe, Buffalo, N. Y., Color Blindness; William Richards Laird, Trumansville, N. Y., Accoucheur; Edward Clark, West Seneca, N. Y., Fractures of Shaft of Femur; Adoniram Jay Kniffen, East Saginaw, Mich., Gonorrhœa; John Anthony Hoffmeyer, Buffalo, N. Y., Treatment of Phthisis Pulmonalis; Charles Menzies Briggs, West Macedon, N. Y., Physiology of Rest in Health and Disease; Samuel Henry Warren, Buffalo, N. Y., Sciatica; Alfred Milton Mead, Macedon Centre, N. Y., Urinary Examinations; Pardon Leland Kimball, Jamestown, N. Y., Scarlatina; Morris Pierce Pomeroy, Grand Rapids, Wis., Typhoid Fever; Vernon Mark Griswold, Cassadaga, N. Y., Inflammation; Carl Bronson Smith, Painted Post, N. Y., Operative Surgery; Cassius Oresta Jackson, Canandaigua, N. Y., Digestion; Fremont C. Knight, Arcade, N. Y., Persons Found Dead; Benjamin Daniel Collins, Suspension Bridge, N. Y., Pleuritis; Charles Gordon Champlin, Williamsville, N. Y., Pulmonary Tuberculosis; Clarence Eugene Griggs, Strykersville, N. Y., Scarlatina; Mary Jane Slight, Scottsburgh, N. Y., Morbus Coxarius; Otto Appley, Damascus, Pa., Rubeola; Charles Dallas Shumway, Watertown, N. Y., Amenorrhœa; Carl Henry Guess, Buffalo, N. Y., Heart's Action; Frank Owen Vaughn, Buffalo, N. Y., Venereal Diseases; Fred Emerson Tuttle, Cassada, N. Y., Remittent Fever;

William Samuel Town, Cambria, N. Y., Talipes; Frank Manuel Gipple, Bowmansville, N. Y., Biliary Calculi; Joseph Morris Lewis, Elba, N. Y., Animal and Vegetable Physiology; Timothy Lowthian, Caro, Mich., Fractures; James Israel Northrop, Aylmer, Ont., The Blood; James Augustus Paulding, Drummondsville, Ont., Apoplexy; Eugene Clinton Waldurff, Clyde, N. Y., Disease; Henry Gould Chamberlain, Albion, N. Y., Spinal Irritation; Allen Stewart Smith, Cape Vincent, N. Y., Phlegmasia Dolens; William Cary Barrett, Buffalo, N. Y., Leucocythemia; Benjamin Hershey Grove, Buffalo, N. Y., Hemiplegia; Frank Kerst, Mecklenburg, N. Y., Acute Peritonitis; Mary Berkes, Eggertsville, N. Y., Taking Care of the Sick; Frederick Peterson, Buffalo, N. Y.

---

#### MALTINE.

PROF. YANDELL, in the *Louisville Medical News*, reports that after an extensive trial of the Maltine preparations of Reed & Carnrick, of New York, in private and dispensary practice, we are convinced that Maltine is one of the most valuable remedies ever introduced to the profession. Our exalted estimate of this article is confirmed by all of the many practitioners who have expressed to us their opinion of it. Wherever a constructive is indicated, Maltine will be found excellent. In pulmonary phthisis and other scrofulous diseases, in chronic syphilis, and in the various cachectic conditions it is invaluable. In convalescence it is a delightful and efficacious cordial. We have invariably found it liked by children, who devour it as they do candy. The Maltine Wine with Pepsin and Pancreatine has yielded us the happiest results in apepsia and atonic dyspepsia, and in general muscular and nervous debility. The preparations Maltine with Hypophosphites, Maltine Ferrated, Maltine with Pepsin and Pancreatine, and Plain Maltine we especially commend. It is prepared in innumerable combinations.

Maltine deserves to stand in the front rank of constructives; and the constructives, by their preventive, corrective and curative power, are probably the most widely-useful therapeutical agents that we possess.

---

## REVIEWS.

---

**A Manual of the Practice of Surgery.** By W. FAIRLIE CLARKE, Assistant Surgeon to Charing Cross Hospital. From the last London edition, Revised and Edited, with additions, by an American Surgeon. New York: William Wood & Co 1879.

Webster defines a manual as a small book, such as may be carried in "the hand or conveniently handled." In that sense it may be used as a small and convenient book of reference. It does not contain anything in its 300 pages (covering the whole of surgery), that has not been said better and clearer in other books of surgery. Some common prescriptions, and a few recipes for the making of chicken broth and jelly, beef tea, etc., are added which do not make the book much more valuable. M.

---

**Lectures on the Diseases of the Nervous System.** By Professor J. M. CHARCOT. Translated from the Second Edition by GEORGE SIGERSON, M. D., M. Ch. Philadelphia: Henry C. Lea.

Any one who has listened to the eminent author of these lectures would readily recognize their general tone, even if the words were ascribed to another person. Charcot's style is as strongly marked in his writings as in his person. There is something rather impressive in the quiet way in which the propositions are stated, and in the judicial fairness with which the conclusions are drawn; while the clearness in presenting the positive knowledge in this obscure department of medicine, is delightfully refreshing.

It would evidently be impossible to condense all the facts relating to the pathology of the nervous system into the two

hundred and fifty pages here offered to the student. The general features of the subject, however, are well mapped out, and certain portions, especially the diseases of the spinal cord, are treated in a most exact and original manner. The disorders of nutrition, paralysis, agitations and disseminated sclerosis are considered at length, and five entire lectures devoted to hysteria in its protean forms. These are all clinical lectures in the real sense of the word, and as such contain the very gist of what a practitioner cares most about knowing,

H.

---

**Atlas of Human Anatomy.** Illustrating most of the Ordinary Dissections and many not usually practiced by the student, accompanied by an explanatory text. By RICKMAN JOHN GODLEE, Assistant Surgeon to University College Hospital, Senior Demonstrator of Anatomy in University College Philadelphia: Lindsay & Blakiston.

The third part of this excellent work has made its appearance. It is illustrated, as the two former parts, with four plates, each containing several figures. Plate 1 contains three figures, showing the ordinary dissections to expose the pterygo-maxillary region, and the carotid artery. Plate 2 (10) illustrates in five figures the anatomy of the nose and the neighboring parts. Plate 3 (11) contains in two figures the dissections usually made to expose Meckel's ganglion and the otic ganglion. Plate 4 (12) contains a fine view of the folds of dura mater, with the cranial nerves and intracranial arteries and veins, and several dissections of the orbit. The whole is accompanied with a full explanatory text. The entire work will constitute a perfect and unequalled anatomical atlas, as valuable for the surgeon as for the student.

M.

---

**A Treatise on the Science and Practice of Midwifery.** By W. S. PLAYFAIR, M. D., F. R. C. P., &c. Third American Edition. With Notes and Additions by ROBERT P. HARRIS, M. D. With two plates and one hundred and eighty-nine illustrations Philadelphia: Henry C. Lea 1880.

This work of 650 pages, written by a President of the Obstetrical Society of London, is one which bears the stamp of a mind



thoroughly acquainted with the subject. It is not a simple compilation, but on the contrary a thorough digest. It is particularly rich in its illustrations, these being both copied and original, and serving greatly to elucidate numerous points. While exceedingly pleased with the whole work, we wish to particularly notice that his views, regarding the frequent use of forceps, correspond with the modern practice, as well as with the conclusions arrived at during a recent discussion upon the subject by the noted obstetricians of Great Britain. It seems now no longer to admit of argument that the forceps in skillful and careful hands is an instrument of which we have long been too fearful. The work is fully up to date and amongst other recent additions contains a chapter upon transfusion. We highly recommend it to students and practitioners.

V. P.

---

**Photographic Illustrations of Skin Diseases.** By GEORGE HENRY FOX, A. M., M. D., Clinical Professor of Dermatology New York: E. B. Treat, No. 805 Broadway. Parts 5 and 6.

Part 5 contains photographic plates of eczema infantile; eczema papulosum; eczema ichorosum; eczema pustulosum, and eczema squamosum.

Part 6 illustrates eczema barbae; eczema manum; eczema e venis varicosis; ulcus varicosum, and psoriasis annulata.

The author justly says in the preface that "the study of skin diseases without cases, or colored plates, is like the study of osteology without bones, or the study of geography without maps." The profession have so few opportunities to study these diseases in their practice, that plates, prepared with accuracy and skill, constitute an indispensable auxiliary, long needed, and here most successfully accomplished. We can conscientiously recommend these works of Professor Fox. The profession will thoroughly appreciate such helps to the study of a class of disease, otherwise difficult and obscure.

L.

**A Treatise on the Theory and Practice of Medicine.** By JOHN SYER BRISTOWE, M. D., F. R. C. P., Senior Physician, St. Thomas Hospital, etc., etc. Second American Edition. Revised by the author, with notes and additions by JAS. H. HUTCHINSON, M. D., Physician to the Pennsylvania Hospital, Philadelphia. Philadelphia: Henry C. Lea. Cloth, \$5 00; Leather, \$6.00.

The first edition of this great work of Dr. Bristowe, published in 1877, received the hearty commendation of the American medical Press, and it has been quite extensively adopted as a text book in American Medical Schools. The new edition is a portly volume of nearly 1100 closely printed pages. A chapter on insanity has been added, and the author has made such corrections and additions to the body of the work as seemed advisable in the light of the latest experience. The reader will find every conceivable subject connected with the practice of medicine, ably presented in a style at once clear, interesting and concise. The additions made by Dr. Hutchinson are appropriate and practical, and greatly add to its usefulness to American readers.

D.

---

**A Clinical Treatise on Diseases of the Liver.** By Dr. FRIED. THEOD. FRERICHS. In three volumes. Vol. I. Translated by Charles Murchison, M. D., F. R. C. P. New York: Wm. Wood & Co., 27 Great Jones street, 1879.

The first chapter on the *Historical Account* of disease of the liver is full of instruction and interest, suggestive of the great change of views which have taken place as to the nature of most all diseases. This first chapter gives the history of the physiology of the liver, and of the pathology of this organ with the present condition of our knowledge, and new questions for investigations, with most important literature on the subject, and is so full of suggestions and instruction as to commend the work to the careful attention of the members of the profession, old and young; old, because of the crude and untenable opinions they have entertained; young, because of the present views, now so fully demonstrated to be correct. All the other chapters are of equal interest.

J. F. M.

# NEW and RARE DRUGS

Placed before the Profession by

PARKE, DAVIS & CO.,

DETROIT, MICH.

**Extract Duboisia.** We are just in receipt of a direct importation of this rare and expensive drug. Duboisia, although scarcely two years before the profession of this country, has already largely supplanted atropia, formerly regarded as indispensable as a mydriatic, in the practice of ophthalmology. Its action on the eye is similar to that of atropia, dilating the pupil and paralyzing the muscles of accommodation, but is much more prompt and is attended by none of the disagreeable effects of that salt, irritation of the conjunctiva, dryness of the throat, and in children, hallucinations, delirium, etc.

**Menthol.** (JAPANESE PEPPERMINT.) This article, dissolved in alcohol and put up in small bottles, was for a long time sold at extravagant prices in Europe as a secret remedy for nervous headache, and neuralgic pains. Applied over the seat of pain it produces an agreeably warm sensation which is followed by alleviation of the suffering. Applied to the cavity of the carious tooth, it gives prompt relief in toothache. Mr. MacDonald, in the *Lancet*, recommends it for sciatica, and neuralgia, particularly for intercostal neuralgia. It is the basis of the Japanese "Po-ho-yo," or neuralgic remedy.

Menthol is also an antiseptic, possessing properties which make it preferable to thymol or carbolic acid, in many cases, being less corrosive, and harmless when taken internally.

**Quebracho.** The introduction of this agent supplies a desideratum in medicine. Many of the thoracic affections are self-limited diseases, and the object of treatment is to keep the patient alive until the disease shall have run its course. Dyspnoea is a great source of danger in such cases, and it is often felt that if the blood could but be properly aerated for a short time, the dangerous points would soon be passed. In such cases quebracho, from the reports of authentic witnesses, will prove a valuable medicine. Dr. Penzoldt, *Medical Times and Gazette*, (London, Eng.,) accidentally made this discovery while treating a patient suffering from pleurisy and emphysema on whom the antifebrile effect of quebracho was being tried. Subsequently trials proved that under its use the livid or cyanosed lips and face assume their natural red color.

**Chaulmoogra Oil.** This oil is officially recognized by the government of India as a remedy for leprosy, scrofula, skin diseases and rheumatism. It has been held in great repute among the Fakirs of India as a valuable agent in these affections, and has more recently been found of value in consumption. Mr. Jones, Head master of the Hindoo College, had noticed its efficacy in India, and on returning to England continued his observations. He found it to be of great value in incipient consumption, and before serious local lesions had appeared. Its use in other constitutional diseases has established it as a very powerful alternative. Sir Joseph Fayrer says, "it is a most valuable medicine." Surgeon-Major Balfour says, "there is no doubt of its value."

**Goa Powder.** GOA POWDER or PULVIS ARAROBÆ, is the product of a tree indigenous to the province of Bahia, and vulgarly known as the Angelim Amargosa (bitter angelim.) The properties of this drug depend on its large proportion of chrysophanic acid, reaching full eighty per cent. of its weight, which makes it of great value in the treatment of ringworm, psoriasis, and other skin diseases. It is used in the form of ointment (40 grains to the ounce,) or in the form of paste, made with vinegar or lemon juice. Dr. Balmanno Squire, the noted English dermatologist, pronounces it a powerful local stimulant, but non-vesicant, and a most efficient parasiticide, applied in the form of an ointment, of a strength of from ten to fifteen per cent.

**Ethidene Dichlor.** This new anæsthetic is introduced as a substitute for those commonly employed, ether and chloroform. The accidents attending the use of the two latter agents make that remedy a desideratum which shall as promptly obtund sensibility and at the same time be devoid of danger. Ethidene is introduced in the hope that it will supply this want.

**Jamaica Dogwood.** (PISCIDIA ERYTHRINA.) The reports which have already been received of the effects of this drug more than justify our action in placing it before the profession of this country. Making due allowance for the enthusiasm which its action has aroused, we would only say, that, whereas, we a short time since merely asked the profession to submit it to a trial, we are now justified in recommending it as a substitute for opium in many painful affections. Its advantages over opium lie in its not constipating or locking up the secretions, and in its leaving none of the unpleasant constitutional effects associated with the administration of opium.

**Manaca.** (FRANCISCEA UNIFLORA.) This drug is officinal in both Brazilian Dispensatories in which it is classed among alteratives of the more active and positive kind. So marked is its effects in the syphilitic cachexia, that it has been called *mercurio vegetal* by the Brazilians. It is recommended also as an anti-rheumatic, relieving the pain and materially shortening the natural course of the disease.

We ask for it a thorough trial, under the belief that it will prove a valuable addition to the list of remedies commonly employed in rheumatism. It is regarded by the Brazilians as almost a specific in the chronic form of the disease.



"As an antiperiodic, Dextro-Quinine deserves a high place; and for the reduction of high temperature in zymotic diseases, I feel that we may regard Dextro-Quinine as equally efficient with the other alkaloids of Cinchona bark."

WM. PEPPER, A. M., M. D.,  
Prof. of Clinical Medicine in the  
University of Pennsylvania.

"We have given Dextro-Quinine an extensive trial. We are quite inclined to believe it is the best substitute for Sulphate of Quinine yet offered the profession. It is given in the same doses as Sulphate of Quinine, and seems equally efficacious." L. P. YANDELL, M. D.,  
Prof. of Clinical Medicine, Diseases  
of Children and Dermatology in the  
University of Louisville.

"I have used Dextro-Quinine in my practice, especially in the treatment of Malarial Neuralgia, and am satisfied of its equal value if not superiority to the salts of quinine."

WM. A. HAMMOND, M. D.,  
Prof. Dis. Nervous System, etc.,  
University of New York.

"I have used the Dextro-Quinine in a dozen or more cases, as a substitute for the Sulphate, and it has seemed to me to meet the indications equally well and it strikes me as being eminently worthy of extended trial."

R. O. COWLING, A. M., M. D.,  
Ed. Louisville Medical News, and  
Prof. Operative Surgery in University  
of Louisville.

"Dextro-Quinine does not cause nausea like Cinchonidia, and is as good an antiperiodic as either that or Quinine. I give it in one-half larger doses. As a febrifuge I have given it with good effect."

A. L. LOOMIS, M. D., Prof. of  
Pathology  
and  
Practice of  
Medicine,  
University  
of the  
City of  
New York.

"Shall use no other antiperiodic as long as I can get Dextro-Quinine." G. W. SMITH, M. D.



"Dextro-Quinine is equal to Quinine Sulphate, grain for grain." T. W. JONES, M.D.

"Dextro-Quinine is undoubtedly a very active agent. The testimony of a large number of disinterested men who have put it to the test, places it nearly or quite on a level with Sulphate of Quinine. My own experience of it accords with this view."

H. L. GIBBONS, M. D.,  
Prof. of the Principles and Practice  
of Medicine and of Clinical Medicine,  
Medical Dept. of University  
College, San Francisco, Cal.

"I have used Dextro-Quinine in cases of intermittent and remittent fever and periodic neuralgia, in about the same doses as Quinine, and found it as effectual in every instance." E. D. FOREE, M. D.,  
Emeritus Prof. of, and Lecturer on,  
Diseases of Women, Hospital College  
of Med., Louisville, Ky.

"In intermittent and remittent fever, Dextro-Quinine has done all I expected—all I desired. It has acted promptly and cured promptly." W. H. BENTLEY, M. D., LL.D.,  
Valley Oak, Ky.

"I have used Dextro-Quinine and find it in every respect equal to Sulphate of Quinine."

SAMUEL R. PERCY, M. D.,  
Prof. Mat. Med., etc., N. Y. Medical  
College.

"In all cases of intermittent fever in which I have used the Dextro-Quinine, at the Mary and Elizabeth Hospital, it has promptly arrested the disease."

JOHN E. CROWE, M. D.,  
Prof. Obstetrics, etc., University of  
Louisville.

"I have used Dextro-Quinine and find it in every respect equal to Sulphate of Quinine."

F. LE ROY SATTERLEE, M. D.,  
Ph.D., Prof. of Chem., Mat. Med.,  
and Ther.,  
in the N.Y.  
College of  
Dentistry;  
Prof. of  
Chem. and  
Hygiene in  
the Am. Vet.  
College, etc.

For original articles on the clinical use of Dextro-Quinine during the year 1879, in Remittent, Intermittent and Typhoid Fevers, Pertussis, Cholera Infantum, Pneumonia, Periodic Neuralgia, etc., see communications entitled, "On the use of Dextro-Quinine."—MEDICAL AND SURGICAL REPORTER, January 25. "Dextro-Quinine."—MEDICAL AND SURGICAL REPORTER, April 5th. "A Case of Pneumonia, etc., treated by Dextro-Quinine."—MEDICAL AND SURGICAL REPORTER, December 20th. "Dextro-Quinine as an Antiperiodic."—Ohio Medical Recorder, March. "On Dextro-Quinine."—New Remedies, March. "Dextro-Quinine as an Antiperiodic."—N. Y. Eclectic Medical Journal, June. "Dextro-Quinine."—Cincinnati Lancet and Clinic, August. "On the use of Dextro-Quinine."—Louisville Medical News, April 5th and May 17th. "Dextro-Quinine as an Antiperiodic."—Medical Brief, July. "Malarial Fever of the South."—Southern Medical Record, August. "Dextro-Quinine in Pertussis."—Southern Medical Record, November. "Dextro-Quinine."—Medical Summary, (two articles), October. "Notes on Hospital and Private Practice."—Pacific Medical Journal, October. "Dextro-Quinine."—Western Lancet (San Francisco), December.

Send ten cents for sample copy of The Monthly Review of Medicine and Pharmacy. Extra large quarto, 62 pages of double column reading matter, \$1.00 per year. Physician's Visiting List and Ledger \$1.00. Monthly Review and Visiting List \$1.50.

**KEASBEY & MATTISON,**

MANUFACTURERS OF SULPHATE OF QUININE AND OTHER FINE CHEMICALS.

Nos. 328, 330 and 332 North Front Street, Philadelphia.

# FACTS FROM NEW YORK.

|     |                            |    |                                                                                 |                      |                                                                           |         |                                                                                                                                                                                                                                                                                      |
|-----|----------------------------|----|---------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 58  | Hugh Daly.                 | 30 | Unknown, had paroxysms regularly for 2 months                                   | 0                    | 6 grs. in solution every 3 hours. Caused some nausea.                     | 120 gr  | Gave <i>Dextro-Quinine</i> during a paroxysm. Reported one month after, cured.                                                                                                                                                                                                       |
| 59  | Ann Broy.                  | 55 | Unknown, paroxysms regularly for 6 weeks                                        | 1                    | 5 grs. in solution every 4 hours.                                         | 90 grs. | Had paroxysm on second day after treatment with <i>Dextro-Quinine</i> commenced but none after. Reported 3 weeks later as cured.                                                                                                                                                     |
| 60  | John Neeman.               | 13 | Chills every second day for 2 weeks.                                            | 1, the day of tak'g. | 5 grs. in solution every 4 hours.                                         | 40 grs. | Did not have a single paroxysm after the first day of treatment. One month later reported cured.                                                                                                                                                                                     |
| 61  | Rich. Buller.              | 30 | 3                                                                               | 0                    | 5 grs. in solution every 3 hours.                                         | 60 grs. | Had slight headache and vertigo after the second dose. Two weeks after treatment was commenced considered himself cured.                                                                                                                                                             |
| 62  | C. Haggerty.               | 27 | Paroxysms regularly for several mo's.                                           | 2 both slight.       | 6 grs. every 4 hours.                                                     | 120 gr  | Had headache and nausea while taking the <i>Dextro-Quinine</i> , but no chills after third day of treatment.                                                                                                                                                                         |
| 63  | E. O'Connor.               | 28 | 7                                                                               | 2                    | 5 grs. in solution 3 times a day.                                         | 80 grs. | Paroxysm did not recur after taking 20 grains.                                                                                                                                                                                                                                       |
| 64  | E. Wiegler.                | 28 | Paroxysms regularly for several mo's.                                           | 2, one day of tak'g. | 5 grs. in solution 3 times a day.                                         | 120 gr  | Had two paroxysms, one on the same day treatment was commenced. Had none after taking it.                                                                                                                                                                                            |
| 65  | Hen. Brill.                | 31 | Both had Inter-mittent Fever for several months, contracted in Southern States. | 2 light.             | 5 grs. in solution 3 times a day.                                         | 80 grs. | After taking grs. 80. considered themselves cured. During past three weeks had no return, but suffered from dyspeptic symptoms, which were relieved by Bismuth and Pepsin.                                                                                                           |
| 66  | Mary Brill, wife of above. | 26 | 1                                                                               | 2 one severe         | 5 grs. in solution 3 times a day.                                         | 80 grs. |                                                                                                                                                                                                                                                                                      |
| 67  | Susan McIntyre.            | 29 | Suffering from paroxysms for one month.                                         | 1 in 2nd day.        | 5 grs. in solution every 3 hours.                                         | 60 grs. | Continuous headache while taking the <i>Dextro-Quinine</i> , but no chills after second day. One month after had slight chill not followed by fever.                                                                                                                                 |
| 68  | Michael Fitzpatrick.       | 24 | Paroxysms regularly for several mo's.                                           | 2                    | 5 grs. in solution 3 times a day.                                         | 90 grs. | Convalescent after taking 80 grs. No return one month later.                                                                                                                                                                                                                         |
| 92  | Mrs. E. I. P.              | 24 | 4                                                                               | 0                    | 4 grs. every four hours. Laid on the tongue and swallowed with water      | 36 grs. | I found the action of <i>Dextro-Quinine</i> to be the same as that of the Sulphate of Quinine, except that it has not in my hands, caused any tinnitus aurium nor irritated the stomach. I gave it in 1 gr. doses to E. D. H. 3 times daily, for general debility with good results. |
| 97  | J. H. R.                   | 64 | 1                                                                               | 0                    | April 7th—3 doses.                                                        | 35 grs. | This patient first took Congestive Chills in Westchester Co., N. Y., and been subject to them for five years.                                                                                                                                                                        |
| 98  | Mrs. M. P.                 | 37 | 2                                                                               | 0                    | May 23d—5 doses.                                                          | 50 grs. | Her chills caused by drinking surface Swamp water. She is naturally bilious. The <i>Dextro-Quinine</i> acted like a charm.                                                                                                                                                           |
| 121 | Mrs. L. Marie              | 50 | Unknown. Many                                                                   | 0                    | Pil. <i>Dextro-Quinine</i> , 4 grs. every three hours.                    | 20 grs. | Fully equal to Sulph of Quinine with none of its disagreeable symptoms.                                                                                                                                                                                                              |
| 122 | Mr. Ryder.                 | 22 | 12 or 15.                                                                       | 0                    | Four grain doses four times each day in the form of Pills of 2 grs. each. | 32 grs. | This was a tertian intermittent, and was promptly cured. There has been no return of chills                                                                                                                                                                                          |

These cases were treated by me at the North Western Dispensary and in my private practice. The cases were typical and I considered them a good test for the anti-periodic properties of the drug, and I was not disappointed in the results. As an anti-periodic I believe it to be equal to the Sulphate of Quinine.

Yours Truly,  
J. E. M. LORDBLY, M. D.  
211 W. 38th St., New York City.

J. H. Potter, M. D.,  
Schroon Lake Village,  
Essex Co., N. Y.

J. H. Potter, M. D.,  
Schroon Lake Village,  
Essex Co., N. Y.

J. H. Potter, M. D.,  
Schroon Lake Village,  
Essex Co., N. Y.

F. Putnam, M. D.,  
Locke, N. Y.

S. W. Darrow, M. D.,  
East Hamlin, Monroe Co.,  
N. Y.

Send for clinical details of 1000 cases of intermittent fever treated with *Dextro-Quinine*, to

**KEASBEY & MATTISON,**

*Manufacturers of Sulphate of Quinine and other Fine Chemicals,*

Nos. 328. 330 and 332 North Front Street, Philadelphia.



# QUINQUINIA.

---

This preparation consists simply of the Alkaloids of Cinchona Bark, in the form of a light brown precipitate

Being a natural combination, the proportions of each constituent may vary somewhat according to the Bark used; but after repeated examinations the average composition is determined as follows:

|                      |             |   |    |    |   |   |
|----------------------|-------------|---|----|----|---|---|
| Quiniâ Alkaloid,     | 15 per cent | } | C  | H  | N | O |
| Quinidia do          | 15 "        |   | 20 | 24 | 2 | 2 |
| Cinchonidia do       | 15 "        |   | C  | H  | N | O |
| Cinchonia do         | 25 "        |   | 20 | 24 | 2 |   |
| Chinoidine Purified, | 30 "        |   |    |    |   |   |

The elementary coincidence of the Alkaloids, as indicated by the formulæ, is noticeable.

It will be seen from the above, that besides the well-known Alkaloids of Quinia, Quinidia, Cinchonidia and Cinchonia, which compose the larger portion of this preparation, Quinquinia also contains, the constituent known as Purified Cinoidine, consisting of other valuable Alkaloids, both crystallizable and amorphous.

From experience, it has been determined that the dose of Quinquinia should never exceed that of Sulphate Quinia. Being in the alkaloidal state, it is consequently more efficient than if a Sulphate.

Quinquinia is soluble in water with the addition of an acid. For administration, the powder or pill-form will be found convenient. The best excipient for a pill-mass is a solution of Tartaric Acid.

To meet the general desire for an efficient Anti-Periodic and Tonic, at a moderate price, QUINQUINIA is offered at \$1 per oz.

Sample ounces by mail, \$1.10 per oz.

Specimens for trial, without charge, furnished if desired.

CHAS. T. WHITE & CO.,

MANUFACTURING CHEMISTS,

New York, July 1, 1879.

NO. 54 MAIDEN LANE, N. Y.

## EXTRACTS FROM TESTIMONIALS:

I have prescribed it in all thirty-two times; twenty nine adults, and so far without a single failure to promptly check and break up the attacks.

Yours truly, (Signed,) Messrs. Chas. T. White & Co.

Jersey City, May 14, 1879.  
JOSIAH HORNBLOWER, M. D.

Yours of the 9th duly at hand. Sample of Quinquinia was sufficient for a trial in (3) cases of Tertian Intermittent and (1) case of Quotidian Intermittent. Prescribed in the same manner and dose as Sulphate Quinia, it arrested the paroxysms equally as prompt as the last mentioned drug.

Yours truly, (Signed,) Messrs. Chas. T. White & Co.

Bucyrus, (Ohio,) June 13, 1879.

(Signed,) W. B. CARSON, M. D.

I do not hesitate to say that the Quinquinia acted as promptly as Quinia Sulp. or any other salt, and much more pleasant to take.

(Signed) Messrs. Chas. T. White & Co.

Panola, DeKalb Co., (Ga.,) June 16, 1879.

Yours very obediently,  
T. L. LALLERSTEDT, M. D.

# DR. CARL SEILER'S MICROSCOPICAL PREPARATIONS.

These preparations are so well known that it is unnecessary to set forth their great superiority over all others in the market. They are furnished in sets, contained in neat cabinets, and are sold at the following prices:

*Histological Set, containing 24 slides,* - - - - \$15.00

*Pathological Set, containing 24 slides,* - - - - \$15.00

*Tumor Set, containing 20 slides,* - - - - \$15.00

Selections from these sets and miscellaneous slides \$7.50 per doz. single stained; \$10.00 per dozen double stained.

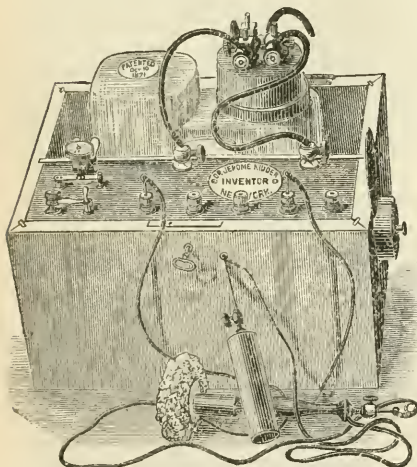
*Microscopical Examinations of Urine and Pathological Specimens a Specialty.* Report returned at once. Fee, from \$3.00 to 10.00, according to circumstances.

For list of preparations apply to

**DR. C. SEILER,**  
*1608 Pine Street, PHILADELPHIA.*

Dr. Seiler begs the favor of the medical profession to send him all the larynxes obtainable from post-mortems, as he is engaged in the study of the normal and pathological histology of the Larynx. Packed in sawdust, moistened with strong alcohol. Specimens can be sent by Express.

## Dr. Jerome Kidder's Electro Medical Apparatus,



For which he has received 21 Letters Patent for improvements, rendering them superior to all others, as verified by award of First Premium at **Centennial**; also, First Premium by American Institute from 1872 to 1879 inclusive, and in 1875, **Gold Medal**.

Please note the following, for which the **GOLD MEDAL**

was awarded by American Institute in 1875, to distinguish the Apparatus as of **The First Order of Importance:**

**Dr. Jerome Kidder's Improved No. 1.**—Physician's Office Electro Medical Apparatus.

**Dr. Jerome Kidder's Improved No. 2.**—Physician's Visiting Machine, with turn down helix.

**Dr. Jerome Kidder's Improved No. 3.**—Physician's Visiting Machine (another form).

**Dr. Jerome Kidder's Improved No. 4.**—Office and Family Machine.

**Dr. Jerome Kidder's Improved No. 5.**—Tip Battery Ten Current Machine (see cut).

A most perfect and convenient apparatus, the invention of Dr. Kidder. We also manufacture superior Galvanic Batteries, from 6 to 36 cells; also Pocket Induction Apparatus. **Beware of Imitations.** For the genuine, send for Illustrated Catalogue.

Address,

**ALBERT KIDDER & CO.,**

Successors, 820 Broadway, New York.

## PROFESSIONAL OPINIONS OF MALTINE.

*During the past year we have received nearly one thousand letters from the Medical Profession in this country and Great Britain, referring to the therapeutic value of MALTINE: their character is indicated by several extracts which we present below.*

---

BALTIMORE, MD., Jan. 20th, 1879.

We have realized decided benefit in a large number of cases treated in the City Hospital and at the Dispensary connected with it, from your preparations of Maltine. Many persons will welcome them as most efficacious and palatable substitutes for Cod Liver Oil, and as covering a wider range of application.

S. WESLEY CHAMBERS, M. D., *Res. Phys., City Hospital.*

---

BALTIMORE, MD., Jan. 20th, 1879.

We take pleasure in saying in behalf of your preparations of Maltine, that they have fully come up to the measure of your representations. They have given us the greatest satisfaction. We have used them extensively to the great benefit of our patients.

DAVID STREETT, M. D., *Res. Phys., Maternite Hospital.*

---

LOUISVILLE, KY., July 11th, 1879.

I am using Maltine with Pepsin and Pancreatine in my family, and am exceedingly pleased with its results. Professor Flint, of your city, whom I highly esteem, has been consulted about the case and knows the solicitude I have had about it. The above preparation in Sherry, after meals, has been productive of great benefit. I am using it in the City Marine Hospital, the Kentucky Infirmary for Women and Children, and in my private practice, and am much pleased with the results obtained.

T. P. SATTERWHITE, M. D.

---

JACKSON, MICH., October, 1878.

*In its superiority to the Extract of Malt prepared from Barley alone, I consider Maltine to be all that is claimed for it, and prize it as a very valuable addition to the list of tonic and nutritive agents.*

C. H. LEWIS, M. D.

---

ST. CHARLES, MINN., March 23d, 1879

In conditions of Anæmia, in convalescence from severe and protracted disease, especially in chronic cases where there is great general debility, and in the enfeebled conditions of aged persons, I have learned to rely on Maltine, nor in any instance have I been disappointed of good results, therein forming a marked contrast, so far as my experience goes, to preparations of Malt, which I had used previously and had abandoned the use of them when my attention was called to Maltine.

C. R. J. KELLAM, M. D.

---

36 WEYMOUTH ST., PORTLAND PLACE, LONDON,  
May 30th, 1879.

I am ordering your Maltine very largely.

LEONOX BROWN, F. R. C. S., *Sen. Surg., Centl. Throat and Ear Hosp. etc.*

---

75 LEVER ST., PICCADILLY, MANCHESTER,  
January 16th, 1879.

I have used your Maltine pretty extensively since its introduction, and have found it exceedingly useful; particularly in cases where Cod Liver Oil has not agreed, have I found the Maltine with Beef and Iron most valuable

J. SHEPHERD FLETCHER, M. D., M. R. C. S.

---

EDDE CROSS HOUSE, ROSS, March 8th, 1879.

I am very pleased to bear testimony to the great value of Maltine. I prescribe it extensively and with the best results, specially in anæmic conditions of the system with much stomach irritability, which it seems to allay very speedily.

J. W. NORMAN, M. D., M. R. C. S.

# CHEMICAL REPORTS ON MALTINE.

By R. OGDEN DOREMUS, M. D., L.L.D.

PROFESSOR OF CHEMISTRY AND TOXICOLOGY, BELLEVUE HOSPITAL MEDICAL COLLEGE;  
PROFESSOR OF CHEMISTRY AND PHYSICS, COLLEGE OF THE CITY OF NEW YORK.

NEW YORK, April 17th, 1879.

I have visited the works at Cresskill, on the Hudson, where MALTINE is prepared, and spent portions of two days in witnessing the chemical processes for making the same. I was particularly impressed with the thorough cleanliness observed, as well as with the completeness of the apparatus employed for accomplishing the desired result—from the first treatment of the grains, the concentration of the liquid product by evaporation *in vacuo*. The operation is effective in extracting the whole of the nutritive constituents of the grains of malted Barley, Wheat and Oats, with but a slight residue, and is the most complete method yet devised, with which I am acquainted, for accomplishing this object.

MALTINE is superior in therapeutic and nutritive value to any Extract of Malt made from Barley alone, or to any other preparation of any one variety of grain. From a chemical and medical standpoint, I cannot commend too highly to my professional brethren this unique and compact variety of vegetable diet and remedial agent, nutritive to every tissue of the body, from bone to brain.

Respectfully, R. OGDEN DOREMUS.

By PROF. JOHN ATTFIELD, F.C.S.

PROFESSOR OF PRACTICAL CHEMISTRY TO THE PHARMACEUTICAL SOCIETY OF GREAT BRITAIN;  
AUTHOR OF A MANUAL OF GENERAL MEDICAL AND PHARMACEUTICAL CHEMISTRY.

LONDON, 17 BLOOMSBURY SQUARE, W. C.,  
October 28th, 1878.

*To Messrs. Reed & Carnrick:*

GENTLEMEN—I have analyzed the extract of malted Wheat, malted Oats and malted Barley, which you term MALTINE. I have also prepared, myself, some extract from these three malted cereals, and have similarly analyzed it, and may state at once that it corresponds in every respect with the Maltine made by myself. As regards the various Malt Extracts in the market, I may remark that your MALTINE belongs to the non-alcoholic class, and is far richer, not only in the directly nutritious materials, but in the farina digesting Diastase. In comparison, your MALTINE is about ten times as valuable, as a flesh former; from five to ten times as valuable as a heat producer; and at least five times as valuable, as a starch digesting agent. It contains, unimpaired and in a highly concentrated form, the whole of the valuable materials which it is possible to extract from either malted Wheat, malted Oats or malted Barley.

Yours Faithfully,

JOHN ATTFIELD.

## LIST OF MALTINE PREPARATIONS.

MALTINE—Plain.

MALTINE with Alteratives.

MALTINE with Beef and Iron.

MALTINE with Cod Liver Oil and Pancreatine.

MALTINE with Cod Liver Oil and Phosphates.

MALTINE with Hops.

MALTINE with Hypophosphites.

MALTINE with Pepsin and Pancreatine.

MALTINE with Phosphates.

MALTINE with Phos. Iron, Quinia and Strychnia.

MALTINE Ferrated.

MALTINE WINE.

MALTINE WINE with Pepsin and Pancreatine.

MALTO-YERBINE.

MALTINE is now in the hands of the Wholesale Trade throughout the United States.

*We guarantee that MALTINE will keep perfectly in any climate, or any season of the year.*

Faithfully Yours,

REED & CARNRICK, NEW YORK.



"THE BEST OF AMERICAN MANUFACTURE."—Prof. Van Buren & Keyes.

## PLANTEN'S CAPSULES

KNOWN AS RELIABLE SINCE FORTY YEARS.

PREMIUM FOR "GENERAL EXCELLENCE IN MANUFACTURE."

H. PLANTEN & SON, ESTABLISHED 1836. 224 William St., N. Y.

---

## GELATINE CAPSULES,

HARD AND SOFT, ALL KINDS; ALSO,

RECTAL (3 SIZES) AND EMPTY CAPSULES (7 SIZES.)

for administering quinine and nauseous medicines, free from taste or smell. Preventing irritation of mouth or throat, and injury to the teeth. Box 100, by mail 50 cts.

Samples free.

Specify PLANTEN'S CAPSULES. Sold by all Druggists.

---

R. E. ANDREWS,

OPTICIAN,

DEALER IN

PHYSICIANS' MICROSCOPES, MICROSCOPIC OBJECTS,

Spectacles and Lenses of all Descriptions.

CLINICAL THERMOMETERS OF THE MOST APPROVED FORM.

No. 5 Niagara Street,

NEAR MAIN STREET.

BUFFALO, N. Y.

---

## PHYSICIANS' MICROSCOPES.

R. & J. BECK,

Manufacturers and Importers of Microscopes, Optical and Physical Instruments,

PHILADELPHIA AND LONDON.

The demand for the Scientific Instruments furnished by this House has steadily increased during the past ten years. Their authorized agent in Buffalo is **Mr. Henry Mills, 162 Fargo Avenue**, who will keep on hand specimens of their Microscopes and Microscopic Objects, and other instruments, and will be happy to show them to any who may favor him with a call. Mr. M., being a Practical Microscopist, will be prepared at all times to give advice in regard to the purchase and use of the instrument which is so fast becoming popular as a means of scientific investigations.

Microscopes from five dollars to fifteen hundred dollars. PATENT SELF-REGISTERING CLINICAL THERMOMETERS from two dollars to five dollars. Physiological, Pathological and Vegetable Microscopic Preparations either on hand or obtained on short notice.

Illustrated Catalogue supplied to purchasers.



# NOTICE.

---

I am Agent for the following reliable houses:

Geo. Tiegan & Co., Surgical Instruments,  
Galvano-Faradic Manuf. Comp. Electrical Appliances,  
E. K. Hall & Co., Elastic Hose, &c.,  
Pratt, Howe & Co., Trusses and Supporters,  
Drs. Gray & Foster's New Abdominal Supporter,  
B. R. Sensenay & Co., Vaccine Virus Bovine (25 cents per Quill.)  
Henry Thayer & Co., Fluid Extracts,  
W. H. Schieffelin & Co., Soluble Pills,  
and a number of other first-class manufacturing houses.

My stock is purchased entirely in the eastern market, and will be found always to be fresh and reliable, and at bottom prices.

C. M. LYMAN,

Successor to W. H. PEABODY,

311 Main Street, Buffalo, N. Y.

---

## GEORGE I. THURSTONE & CO., DRUGGISTS,

416 MAIN STREET, (American Block,)

Have constantly in stock **Squibb's Chemicals**, Caswell's and Wyeth's **Elixirs** and **Pharmaceutical Preparations**, Schieffelin's, and McKesson and Robbin's **Gelatine Coated Pills**, Bishop's and Keasby & Mattison's **Granular Salts**, Loefflund's, Trommer's, Geis, Keasby & Mattison's, and **all Preparations of Malt**.

**SWEDISH LEECHES—Bovine Virus.**

A FULL LINE OF PARKE, DAVIS & CO.'S PREPARATIONS.

---

DR. A. R. DAVIDSON,

*Analytical & Practical Chemist*

Laboratory No. 5 Chippewa Street, BUFFALO, N. Y.

Makes analysis of Soils, Minerals, Waters, Fertilizers, and Commercial Articles generally. Special attention to **Examinations for Poison, Analysis of Urine**, and to **Medical Chemistry in all its Branches**.

## FELLOWS' HYPO-PHOSPHITES.

A COMBINATION OF THE HYPOPHOSPHITES OF IRON, QUININE, STRYCHNINE, MANGANESE LIME AND POTASSA, ACIDS, REAGENTS, AND SUGAR.

Combining the important elements of the Blood with the motor mediums, Phosphorus and Strychnia, held in solution by a most pleasant innocuous vehicle, and of slightly alkaline reaction.

Its convenient form, speedy and decided remedial effect, its harmlessness under prolonged use, and its adaptation to the treatment of nervous affections, renders it useful in a great variety of diseases, having a common origin and a valuable adjunct in the treatment of cases where the strength of the patient is excessively taxed, as in surgical operations, child-bearing, &c.

*Its use is indicated in "Phthisis Pulmonalis," "Chronic and Acute Bronchitis," "Pulmonary Congestion," "Asthmatic Bronchitis," "Aphonia," "Merasmus," "Hysteria," "Hypochondria," "Pertussis," "Dyspnæa," "Neuralgia," "Chorea," "Epilepsis," and Debility from fevers, or from residence in Hot or Malarial localities, or from other causes.*

It may be administered alone, or in cases of emaciation, in combination with Cod Liver Oil or Cream.

Sold by all respectable chemists or druggists.

Prepared by JAMES I. FELLOWS,

IN PINT BOTTLES, PRICE \$1.50.

ST. JOHN, N. B.

---

## G. W. McCRAY,

213 MAIN STREET,

BUFFALO, N. Y.

Wholesale dealer in Drugs, Medicines and Surgical Instruments, Pure Wines and Liquors, Fancy and Toilet Articles, Schuffin's Soluble Pills and Granules, and all other Pharmaceutical Preparations of the Market.

Physicians' Supplies a Specialty.

---

# \$1500

TO \$6,000 A YEAR. or \$5 to \$20 a day in your own locality. No risk. Women do as well as men. Many make more than the amount stated above. No one can fail to make money fast. Any one can do the work. You can make from 50 cts. to \$3 an hour by devoting your evenings and spare time to the business. It costs nothing to try the business. Nothing like it for money-making ever offered before. Business pleasant and strictly honorable. Reader, if you want to know all about the best paying business before the public, send us your address and we will send you full particulars and private terms free; samples worth \$5 also free; you can then make up your mind for yourself. Address GEO. STINSON & CO., Portland, Maine.

# L. REICH,

## HUNGARIAN WINES

Direct Importer of the Choicest and Purest

Ever brought to this Country. Strictly for Medicinal Use.

13 West 11th Street,

NEW YORK.

Mr. REICH will be pleased to see those of the Medical Profession who may desire to avail themselves of the opportunity of procuring **STRICTLY FIRST-CLASS WINES**, which have received the endorsement of the most eminent Medical men of the country, as is evidenced from the following letters of commendation which have been received:

This is to certify that I have examined Mr. L. REICH'S TOKAYER AUSBRUCH, TOKAYER MASLAS, and BUDAI IMP. I take great pleasure in commending these Wines to the Medical Profession, because of their purity.

R. OGDEN DOREMUS, M. D., LL. D.  
Prof. Chem. and Toxicology in Bellevue Hosp. Med. Col., and Prof. of Chem. and Physics in Col. City of N. Y.

We have used in our practice the Hungarian Wines sold by Mr. LORENZ REICH, who puts them on the market unadulterated, just as they are imported. To this fact we attribute their great value as a medicine in diseases where such tonics are indicated, especially in those which are attended by defective digestion and imperfect assimilation. We cordially recommend Mr. Reich and his Wines to our professional brethren.

J. MARION SIMS, M. D.,  
Late Surgeon to the Women's Hospital, N. Y.

ALFRED L. LOOMIS, M. D.,  
Prof. of Pathology and Practice of Medicine, Univ. of  
City of New York.

E. LEROY SATTERLEE, M. D., Ph. D.,  
Prof. of Chem., Mat. Med., and Therp., in the N. Y.  
College of Dent.

STEPHEN SMITH, M. D.,  
Professor of Orthopædic Surgery, University of the  
City of New York.

JAMES R. WOOD, M. D., LL. D.,  
Emeritus Prof. Surgery, Bellevue Hosp. Med. College.

LEWIS A. SAYRE, M. D.,  
Prof. of Orthopædic Surgery and Clinical Surgery,  
Bel. Hosp. Med. College.

W. H. THOMPSON, M. D.,  
Prof. of Materia Medica and Therapeutics, Univ. of  
City of New York.

LOUIS F. SASS, M. D.,

C. HEITZMANN, M. D.,

J. L. LITTLE, M. D., New York.  
Professor of Surgery, University of Vermont.

J. LEWIS SMITH, M. D.,  
Clinical Professor on Diseases of Children, Bellevue  
Hosp. Med. Col.

MONTROSE A. Pallen, M. D.,  
Prof. of Gynecology, University of City of New York.

DANIEL M. STIMSON, M. D.,  
Professor of Surgery in Women's N. Y. Med. College.

H. C. WOOD, Jr., M. D.,  
Prof. Materia Medica and Therapeutics.

The Wines will be shipped to any part of the United States.

Physicians wishing to test these Wines will, on application, be furnished with an original bottle at half price.

### PRICE LIST.

| Tokayer Ausbruch. |  | Somlyai Impl. |  |
|-------------------|--|---------------|--|
| Tokayer Maslas.   |  | Rudai Impl.   |  |
| 1866.....         |  | 1868.....     |  |
| 1866.....         |  | 1866.....     |  |

Per Case of 12 small bottles.

\$30.00

24.00

Per Case of 12 large bottles.

\$14.00

12.00

**NOTICE.**—My Wines are not for sale in any drug store or from dealers. To be obtained only by direct application to

L. REICH, 13 West 11th St., bet. Broadway and University Place, New York.





# BELLEVUE HOSPITAL MEDICAL COLLEGE,

CITY OF NEW YORK.

MEMBER OF THE AMERICAN MEDICAL COLLEGE ASSOCIATION.

SESSIONS OF 1879-'80.

THE COLLEGIATE YEAR in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

THE PRELIMINARY AUTUMNAL TERM for 1879—1880 will open on Wednesday, September 17, 1879, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty, in the same number and order as during the Regular Session. Students expecting to attend the Regular Session are recommended to attend the Preliminary Term, but such attendance is not required.

THE REGULAR SESSION will commence on Wednesday, October 1, 1879, and end about the 1st of March, 1880. During this Session, in addition to four didactic lectures on every week-day except Saturday, two or three hours are daily allotted to clinical instruction.

The SPRING SESSION consists chiefly of recitations from Text-Books. This Session begins on the 1st of March and continues until the 1st of June. During this Session, daily recitations in all the departments are held by a corps of examiners appointed by the Faculty. Short courses of lectures are given on special subjects, and regular clinics are held in the Hospital and in the College building.

## FACULTY.

ISAAC E. TAYLOR, M. D.,

Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.

JAMES R. WOOD, M. D., LL. D.,  
Emeritus Prof. of Surgery.

FORDYCE BARKER, M. D., LL.D.,  
Professor of Clinical Midwifery and Diseases  
of Women.

AUSTIN FLINT, M. D.,  
Professor of the Principles and Practice of  
Medicine and Clinical Medicine.

A. A. SMITH, M. D.,  
Lecturer on Materia Medica and Therapeu-  
tics, and Clinical Medicine.

W. H. VAN BUREN, M. D.,  
Professor of Principles and Practice of Sur-  
gery, Diseases of Genito-Urinary System,  
and Clinical Surgery.

AUSTIN FLINT, JR., M. D.,  
Prof. of Physiology and Physiological Anat-  
omy, and Secretary of the Faculty.

LEWIS A. SAYRE, M. D.,  
Professor of Orthopedic Surgery and Clini-  
cal Surgery.

JOSEPH D. BRYANT, M. D.,  
Professor of General, Descriptive, and Surgi-  
cal Anatomy.

ALEXANDER B. MOTT, M. D.,  
Professor of Clinical and Operative Surgery.

R. OGDEN DOREMUS, M. D., LL. D.,  
Prof. of Chemistry and Toxicology.

WILLIAM T. LUSK, M. D.,  
Professor of Obstetrics and Diseases of Wo-  
men and Children, and Clinical Midwifery.

EDWARD G. JANEWAY, M. D.,  
Professor of Pathological Anatomy and His-  
tology, Diseases of the Nervous System,  
and Clinical Medicine.

## PROFESSORS OF SPECIAL DEPARTMENTS, Etc.

HENRY D. NOYES, M. D.,  
Professor of Ophthalmology and Otology.

JOSEPH W. HOWE, M. D.,  
Clinical Professor of Surgery.

J. LEWIS SMITH, M. D.,  
Clinical Professor of Diseases of Children.

BEVERLY ROBINSON, M. D.,  
Lecturer upon Clinical Medicine.

EDWARD L. KEYES, M. D.,  
Professor of Dermatology, and Adjunct to  
the Chair of Principles of Surgery.

FRANK H. BOSWORTH, M. D.,  
Lecturer upon Diseases of the Throat.

JOHN P. GRAY, M. D., LL. D.,  
Professor of Psychological Medicine and  
Medical Jurisprudence.

CHARLES A. DOREMUS, M. D., PH. D.,  
Lecturer upon Practical Chemistry and  
Toxicology.

ERSKINE MASON, M. D.,  
Clinical Professor of Surgery.

FREDERICK S. DENNIS, M. D., M. R. C. S.,

LEROY MILTON YALE, M.D.,  
Lecturer Adjunct upon Orthopedic Surgery.

WILLIAM H. WELCH, M. D.,  
Demonstrators of Anatomy.

## FEES FOR THE REGULAR SESSION.

|                                                                                                                   |         |
|-------------------------------------------------------------------------------------------------------------------|---------|
| Fees for Tickets to all the Lectures during the Preliminary and Regular Term,<br>including Clinical Lectures..... | \$14.00 |
| Matriculation Fee.....                                                                                            | 5.00    |
| Dissection Fee, (including material for dissection).....                                                          | 10.00   |
| Graduation Fee.....                                                                                               | 30.00   |

## FEES FOR THE SPRING SESSION.

|                                                            |         |
|------------------------------------------------------------|---------|
| Matriculation, (Ticket good for the following Winter)..... | \$ 5.00 |
| Recitations, Clinics, and Lectures.....                    | 35.00   |
| Dissection, (Ticket good for the following Winter).....    | 10.00   |

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address Prof. AUSTIN FLINT, JR., Secretary, Bellevue Hospital Medical College.



# University of Buffalo.

## MEDICAL DEPARTMENT.

### SESSION OF 1879-80.

The Annual Course of Lectures in this Institution commences on

WEDNESDAY, OCTOBER, (8th.)

and continues twenty weeks. The dissecting rooms will remain open during the term.

### FACULTY.

JAMES P. WHITE, M. D., Professor of Obstetrics and Diseases of Women and Children. President of the Faculty.  
THOMAS F. ROCHESTER, M. D., Professor of the Principles and Practice of Medicine.  
EDWARD M. MOORE, M. D., Professor of the principles and Practice of Surgery.  
WILLIAM H. MASON, M. D., Professor of Physiology and Microscopic Anatomy.  
JULIUS F. MINER, M. D., Professor of Special and Clinical Surgery.  
E. V. STODDARD, M. D., Professor of Materia Medica and Hygiene.  
C. A. DOREMUS, Ph. D., M. D., Professor of Chemistry and Toxicology.  
CHARLES CARY, M. D., Professor of Anatomy, and Secretary.  
WM. C. PHELPS, M. D., Demonstrator of Anatomy.

Clinical advantages are offered, both in general and special departments, which, for practical interest and value, are unsurpassed. The Buffalo General Hospital and the Buffalo Hospital of the Sisters of Charity, which receive patients from a city population of 150,000 and from a widely extended surrounding region, are both accessible to the college classes.

The Medical Clinics, held at both hospitals, are under the charge of Professor T. F. Rochester, whom the students accompany in visits to the hospital wards, where opportunity is presented for the close personal observation and examination of disease, and by whom clinical instruction in diagnosis and treatment is given in the hospital amphitheatre.

The Clinics in Surgery are held at both hospitals and at the surgical lecture room of the College, under direction of Professor J. F. Miner, where extensive opportunities for observation of surgical and venereal diseases, fractures and dislocations, are afforded, and in the amphitheatres of which are performed all important operations in general surgery, ophthalmology and orthopædy. Medical and Surgical Clinics are held every Wednesday and Saturday during the term. During the month of October there will not only be Clinical instruction by the Professor of Clinical Surgery and Medicine, but also two lectures daily in the College building, by Professor White, Stoddard, Doremus, or others. An extension of the regular lecture course without additional fees.

The course in Physiology, by Professor W. H. Mason, is illustrated by abundant vivisectional and demonstrative experiments.

The various departments of instruction are under the charge of energetic and able teachers, who endeavor to present recent and enlightened views, and to impart thorough practical information in the duties of the profession.

The Museum of the College contains a large number of morbid specimens, casts and interesting preparations.

Ample facilities for the practical study of Anatomy are afforded in spacious and well-lighted Dissecting Rooms, where abundant material may be had at low rates,

The fee for the Tickets of all the Professors amounts to \$100. Matriculation fee (annually) \$5.00. For those who have attended two courses elsewhere the fee is \$50.00. The alumni of this College are entitled to perpetual free admission. All who have attended two full courses at this institution, are entitled to all the tickets on Matriculating. Perpetual Ticket \$150.00.

#### NO HOSPITAL FEES ARE REQUIRED.

Graduation fee \$25.00. Graduates of any respectable college, after three years, will receive all the tickets on payment of the matriculation fee.

The fee for the ticket of the demonstrator of anatomy is \$5.00, which is optional except for one term before graduation.

Board can be obtained in respectable families at from \$4.50 to \$5.50 per week.

For further information or circular, address

CHARLES CARY, M. D.,

BUFFALO, February, 1879.

Secretary of the Faculty.